Patient Guide

# How to Complete the Advance Request Form for Medical Assistance in Dying?

An AQDMD guide to help you complete your request.

AQDMD
Association québécoise pour le droit de mourir dans la dignité

*December 2025 version*

# Introduction

Advance requests for medical assistance in dying came into effect in Quebec in October 2024. They complement the end-of-life care available to people affected by a serious and incurable illness leading to incapacity, such as Alzheimer's disease.

Thus, in addition to being able to benefit from palliative care, refuse treatments and/or make a contemporaneous request for medical assistance in dying (MAID), these individuals may now make an advance request for MAID.

Those who choose to make an advance request must have a physician or nurse practitioner complete an online form with them, and must identify the precise clinical manifestations they would not want to exceed. This is an intimate and complex exercise, which requires projecting oneself into a future, uncertain situation, and expressing one's wishes for a time when one will no longer be able to do so.

This situation can raise several questions: How can one clearly express one's wishes? How can one anticipate the progression of the illness? How can one formulate one's choices in a clear and legally compliant manner?

## Why This Guide?

- Inform individuals about their rights and the legal framework governing advance requests[1].
- Help them think through and articulate their wishes.
- Provide concrete benchmarks to facilitate the acceptance of their advance MAID request by healthcare professionals.

## Who Is This Guide For?

This guide is primarily intended for patients themselves — that is, individuals who have received a diagnosis of a serious and incurable illness leading to incapacity. If you have such a diagnosis, this guide is for you.

It may also be useful to your loved ones, if you invite them to participate in this reflection, as well as to professionals who may support you through this process.

*This guide does not replace personalized legal or medical support. It is a resource, a reference point, to help you formulate a request in accordance with what you wish for your end of life.*

[1] For additional information about advance MAID requests, you may also consult the guide provided by the Government of Quebec: *https://publications.msss.gouv.qc.ca/msss/document-003802/*

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# Advance Requests for Medical Assistance in Dying: Legal Framework and Criteria

This content is drawn from the guide ‘How to Complete the Advance Request Form for Medical Assistance in Dying?’ produced by the AQDMD to help you complete your request.
To access the full guide, visit ***www.aqdmd.org***

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# Advance Requests for Medical Assistance in Dying: Legal Framework and Criteria

## Definition

The advance request for medical assistance in dying (ARMAID) is a process by which you may request in advance to receive medical assistance in dying in the future.

It is intended for individuals who have received a diagnosis of a serious and incurable illness leading to incapacity (e.g. Alzheimer's disease). The request must be made while the person still has the capacity to consent to care, with the objective of receiving medical assistance in dying once they have become incapacitated, provided all legally required conditions are met.

## Eligibility Criteria

You may make an advance request for medical assistance in dying only if:

- You have received a diagnosis of a serious and incurable illness leading to incapacity to consent to care (SICLI).
- You are of legal age and covered under the Health Insurance Act.
- You have the capacity to consent to care, meaning you are able to understand your medical situation and the information provided.

The request must be made freely, without external pressure, and with full information. You must make it yourself, for yourself.

**Incapacity**

*Only individuals affected by a serious and incurable illness leading to incapacity are eligible for advance requests. No other type of medical diagnosis allows a person to make an advance request for medical assistance in dying.*

### At what point will you be considered incapable of consenting to MAID?

*For your advance request for medical assistance in dying to be considered valid at the time of its application, you must have lost your capacity to consent. To assess this, the healthcare professional will evaluate 4 cognitive abilities: understanding of the information provided, appreciation of the information on a personal level, reasoning about the information, and expression of your choice.*

*Concretely, you will be considered incapable of consenting to medical assistance in dying when not only are you no longer able to demonstrate a clear understanding of your illness, of MAID, of its consequences, and of other care options, but also when you can no longer connect this information to your personal situation, reason about your choices based on your values, or consistently and coherently express your wishes.*

*This loss of capacity marks the moment when your advance request may, under certain conditions, be assessed for the administration of MAID.*

## Incapacity

### What are serious and incurable illnesses leading to incapacity?

*These illnesses are those that cause dementia — that is, a cognitive decline characterized by a progressive reduction in attention, memory, language, orientation, etc. Neurodegenerative diseases are the most common among them. Another common term used to describe these illnesses is 'major neurocognitive disorder' or MNCD.*

*Among these illnesses are notably Alzheimer's disease, vascular dementia, Parkinsonian dementia, Lewy body disease, frontotemporal dementia, and several other rare conditions.*

*Certain much rarer pathological conditions may also give rise to an advance request, such as cerebral lesions with hemorrhagic potential. These situations are assessed on a case-by-case basis.*

## The Process

If you wish to make an advance MAID request, you must follow these steps:

- **Be accompanied by a physician or a nurse practitioner (NP).** Only physicians and specialized nurse practitioners (NPs) can complete the form with you*, but another professional, such as a social worker, may be involved before the form stage to support you.
- **If desired: designate one or two 'trusted contact persons.'** Trusted contact persons are individuals you have designated yourself, whose role is to inform the care team about the existence of the advance request and the clinical manifestations described in that request as your illness progresses. However, designating a trusted contact person is not mandatory in order to make an advance request for medical assistance in dying.
- **Precisely describe the clinical manifestations** that will constitute the expression of your consent to receiving medical assistance in dying once you have become incapable of consenting to care.
- **Sign the request form in the presence of:**
  - the physician or NP;
  - one or two trusted contact persons, if applicable;
  - two witnesses, unless the request is made by notarial act.

### * What should I do if the healthcare professional refuses to support me through this process?

*Healthcare professionals involved have a professional and ethical obligation to respect your wish to submit a request and to assist you with drafting and submitting it. The right to conscientious objection does not apply to completing the form.*

*However, it is possible that a physician or NP may be unable to support you for availability reasons, in which case they must refer you to a colleague who can.*

*If your treating physician or NP is unable to support you in formulating your advance request, you may ask whether they are available to complete the 'Assistance Request to formulate, modify or withdraw an advance request for medical assistance in dying' form with you — downloadable from the AQDMD website. This form will be forwarded to your healthcare institution to help identify a qualified professional willing to assist you in formulating your request.*

***If the advance request for medical assistance in dying is made in the presence of witnesses, you do not need to disclose its contents to them.***

For it to be valid, the advance request form must be submitted by the physician or specialized nurse practitioner (NP) to the registry established by law at the Régie de l'assurance maladie du Québec (RAMQ). No copy of the form is permitted to submit to the registry.

## Clinical Manifestations

*Clinical manifestations refer to the concrete, observable signs perceived by a healthcare professional that reflect the progression of the illness in your body and behaviour. You choose yourself these clinical manifestations when completing your advance request form.*

*These manifestations must not be subjective emotions (such as 'I would feel degraded' or 'I could not bear this situation'), but rather clinical observations. They may be varied — for example: no longer recognizing your spouse or your children, experiencing incontinence, requiring assistance to eat, etc.*

*The trusted contact person(s) designated at the time of drafting the request may be responsible for alerting the care team when these clinical manifestations have become recurrent.*

### Why Is This Important?

*In the context of an advance MAID request, they correspond to the visible signs indicating that the illness has reached a stage you consider unacceptable and that you are now consenting to receive medical assistance in dying even though you no longer have the capacity to consent in an informed manner. They therefore represent the expression of your consent.*

*These clinical manifestations can be difficult to formulate because:*

- *you must imagine situations of future deterioration, sometimes abstract;*
- *you must choose manifestations that are sufficiently precise and observable by the physician/NP who will evaluate your request when the time comes to offer you MAID;*
- *you must avoid formulations that are too vague (e.g. 'I do not want to live without dignity' is not sufficient).*

*It is therefore an exercise in anticipation and precision, in a field where emotion is already very present.*

## Receiving the Care

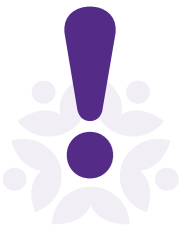
Receiving medical assistance in dying when an advance request has been made is not guaranteed.

On the one hand, you must meet all of the following conditions:

- Have made a legally compliant request, and thus meet the above-mentioned criteria (having a serious and incurable illness leading to incapacity, being of legal age, being covered under the Health Insurance Act).
- Have become incapable of consenting to care due to your illness.
- Be displaying, on a recurring basis, the clinical manifestations related to your illness and described in your request.

**On the other hand, at the time of evaluation, your medical situation must lead the professional evaluating your request to believe, based on the information available to them and according to their clinical judgment, that you are experiencing persistent and intolerable physical or psychological suffering. This suffering must not be capable of being relieved under conditions deemed tolerable.**

After this initial evaluation, a second physician or specialized nurse practitioner (NP) must confirm that these conditions are met as part of a second assessment.



***The physician/NP with whom you completed your request form may not be the one who will evaluate that request years later, once the manifestations have been reached.***

# Contemporaneous Request vs. Advance Request for Medical Assistance in Dying: What Are the Differences?

| | Contemporaneous Request | Advance Request |
|---|---|---|
| **When the request is made** | At any time following a diagnosis of serious and incurable illness, as long as you have capacity. | At any time following a diagnosis of serious and incurable illness leading to incapacity, as long as you have capacity. |
| **When the care may be received** | When you still have capacity and are able to consent. | When you have become incapacitated and are displaying the clinical manifestations identified in your request. |
| **Form** | Paper form, signed with a healthcare professional (not necessarily a physician or NP) + an independent witness, then sent to the surrounding CIUSSS or CISSS. | Digital form, signed in the presence of a physician or NP + 2 witnesses (unless by notarial act) + trusted contact persons (if designated). The form is forwarded by the healthcare professional to a dedicated government registry. |
| **Professionals involved in the request form** | Any healthcare professional employed by the health network + a witness. | Physician or NP + witnesses or notary + any trusted contact persons. |
| **Consent at the time of evaluation by the physician or NP who will provide MAID** | You have capacity and can verbally confirm your consent. | You do not have capacity; professionals rely on the clinical manifestations reached to confirm your consent, then on their assessment of the presence of intolerable suffering in order to provide the care, according to their clinical judgment. |
| **Required capacity** | You must have capacity at the time of the request AND at the time of the care. | You must have capacity at the time of the request, but be incapacitated at the time of the care. |

| | Contemporaneous Request | Advance Request |
|---|---|---|
| **Legal criteria** | Be 18 years of age or older.<br>Have capacity to consent to care.<br>Persistent and intolerable physical or psychological suffering caused by the illness or its decline. | Be 18 years of age or older.<br>Incapacity to consent to care.<br>Recurring presence of the clinical manifestations described in the advance request.<br>Persistent and intolerable physical or psychological suffering. |
| **Assessment of suffering** | You actively participate and describe your suffering. | Physicians/NPs assess your suffering on their own; you are no longer able to discuss it with them. |
| **Participation of trusted contact persons** | Not required. | One or more trusted contact persons may alert the care team when the clinical manifestations are reached.<br>They do not make the decision about the care. |
| **Typical timelines** | A delay of a few days to a few weeks between the request and the evaluation, then you choose the time of the care (as long as you have capacity).<br>A minimum delay of 90 days is required in «track 2 cases» when natural death is not reasonably foreseeable. | Unpredictable timeline (serious incurable illnesses leading to incapacity progress slowly); the time of evaluation depends on the progression of the illness.<br>The advance request does not expire. |
| **Risk of refusal** | If refused, discussion is possible with you.<br>It is possible to request a second medical opinion and/or to submit another request. | If refused, no discussion is possible with you (due to incapacity).<br>It is possible to request a second medical opinion.<br>A new evaluation is possible if your condition evolves. |

| | Contemporaneous Request | Advance Request |
|---|---|---|
| **Possibility of filing multiple requests of the same type** | Yes. | Not necessary, since the request will be kept for re-evaluation in the event of refusal. |
| **Possibility of combining a contempo-raneous and an advance request** | Yes.<br><br>It is possible to make a contemporaneous request and then change your mind during the process and opt for an advance request, as long as capacity persists. | Yes, as long as you have capacity.<br><br>It is possible to make an advance request and change your mind, if you still have capacity, to make a contemporaneous request. |
| **Complexity of the process** | Straightforward to complete. | Longer to complete. Requires projecting oneself into the future and defining precise manifestations. |
| **Obligations of professionals** | Obligation to respect your wish to make a request and to assist you in drafting and submitting the form. | Obligation to respect your wish to make a request and to assist you in drafting and submitting the form, or to refer you to another professional who can do so. |

***With an advance request, you decide at the time of the request which situations you do not wish to experience later, when you will no longer be capable of expressing your wishes yourself. At that point, it will be the healthcare professionals alone who will decide, based on your request and your medical situation, whether medical assistance in dying can be offered and when.***

With a contemporaneous request, you are still able to speak about your suffering and decide for yourself when to receive medical assistance in dying if your request is approved. You will, however, need to receive the care before you lose this capacity to decide.

# The Limits of Advance Requests

The advance request for medical assistance in dying is a valuable tool for expressing your end-of-life wishes in anticipation of a loss of capacity. However, it is important to understand that, as with any mechanism, there are limitations:

- **No automatic guarantee:** it is very important to understand that medical assistance in dying will not be granted to you simply because you have reached the manifestations indicated in your request. Two professionals must confirm that the legally required conditions are met.
- **No automatic link between reaching a clinical manifestation and intolerable suffering:** reaching a clinical manifestation does not necessarily mean experiencing intolerable suffering. For example, if you specified as a manifestation 'no longer recognizing one of my children' and this occurs, your overall situation at that point will not necessarily lead an evaluator to believe that you are experiencing intolerable suffering. For MAID, evaluators must determine that you are experiencing intolerable suffering.
- **The existence of non-observable suffering:** assessing suffering in a person with dementia represents a medical challenge. It is possible that some incapacitated patients experience suffering without being able to express it or demonstrate that they are suffering — this is referred to as unapparent suffering.

  It is worth noting that there is **a subjective dimension to clinical judgment:** different physicians or NP evaluators faced with the same clinical situation may reach different assessments of the suffering experienced by the person.
- **The difference between anticipated suffering and contemporaneous suffering:** anticipated suffering is that which you feel today when thinking about what might happen with the progression of your illness. Contemporaneous suffering is that which you are actually experiencing at the time your MAID request is being evaluated.

  Evaluators may take anticipated suffering into account; however, for MAID to be granted, they must observe the existence of contemporaneous, real, and deemed intolerable suffering at the time of evaluation.
- **Absence of dialogue due to incapacity:** at the time of evaluation, you will no longer be able to express your suffering, specify your wishes, or clarify your intentions. Your written request will be your only voice. This is why it is essential to clearly formulate your wishes in the form beforehand.
- **The limited role of trusted contact persons:** the trusted contact persons you designate have the role of informing the care team when the anticipated clinical manifestations have been reached. They cannot force the administration of medical assistance in dying. Trusted contact persons also have no authority to delay the administration of MAID or to cancel the request.

# Preparing to Write Your Request: Preliminary Reflection

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# Preparing to Write Your Request: Preliminary Reflection

Before completing an advance request for medical assistance in dying, it is essential to reflect on what is important to you.

This process will allow you to draft a request that best reflects your deepest wishes and that can guide healthcare professionals when you are no longer able to speak for yourself.

***Even if this exercise is difficult, this reflection must be undertaken for yourself, based on your own values. Only you can determine what would seem intolerable to you to live through. This is not about drafting your request to spare your loved ones from experiencing certain difficult situations, but rather about specifying what you yourself do not wish to go through.***

## Reflecting on Your Values, Your Definition of Dignity, and Your Quality of Life

Every person has their own definition of what it means to suffer and to live with dignity. For some, this may mean remaining as independent as possible for as long as possible. For others, it may mean being able to communicate with their loved ones, or to retain certain faculties such as memory, language, or mobility.

Completing an advance request requires projecting oneself into an uncertain future, even if this may be difficult. It is not about predicting the unpredictable, but rather about learning about the possible progression of the illness, imagining its stages, and identifying what you would not want to go through, even if those stages seem distant or abstract today.

To help you with this process, the AQDMD offers a number of guiding questions, designed to feed your reflection and allow you to clarify your wishes in a personal and informed way. These questions will help you identify situations you consider unacceptable, and to formulate the clinical manifestations you do not wish to exceed.

# Guiding Questions for Reflection

Here are some topics for reflection you may explore alone, with your loved ones, or with a professional:

## Preparing for Reflection

- Do I feel ready to reflect on and discuss the various losses that the illness may bring about (judgment, autonomy, language, mobility, etc.)?
- Do I feel ready to reflect on and discuss my end of life?
- Who could accompany and support me in this reflection? (spouse, nurse, social worker, friend, children, etc.)

## Understanding the Illness

- Do I understand the illness I have been diagnosed with and how it will progress?

## Core Personal Values

- What is most important to me: living as long as possible or preserving my quality of life for as long as possible? Am I prepared to live longer with certain losses, or would I prefer to go before reaching that point?
- For me, having a good quality of life means what?
- For me, living with dignity means what? At what point would I feel I am no longer living with dignity?
- For me, happiness means what?
- For me, suffering means what?

## Autonomy and Independence

- For me, living autonomously means what?
- How important is my autonomy and independence to me?
- Would I accept being helped with my everyday activities? For which activities?
- Are there daily activities for which I would not accept help? Which ones?

## Suffering

- For me, psychological (emotional) suffering means what?
- What types of psychological suffering would be intolerable to me? (e.g. isolation, absence of pleasure, confusion, etc.)
- For me, physical suffering means what?
- What types of physical suffering would be intolerable to me? (e.g. loss of mobility, loss of balance, difficulty swallowing, extreme fatigue, etc.)
- Would this suffering — psychological or physical — become intolerable as soon as it appears, or only if it persists?
- Would a single one of these forms of suffering be enough to make life unbearable for me, or would it be their accumulation?

# Completing Your Request: Clinical Manifestations

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# Completing Your Request: Clinical Manifestations

When completing an advance request for medical assistance in dying, you must include the precise clinical manifestations you do not wish to exceed. These manifestations are not mere general descriptions — they play a central role in the process.

**They will represent, when the time comes, one of the main reference points healthcare professionals will use to assess whether medical assistance in dying may be administered to you.**

## Why Are Clinical Manifestations Crucial?

**Because they represent your future consent**

They will be your voice, your way of saying «I consent to receiving MAID if I reach that point.»

**Because they can influence the decision of the assessing professionals**

Under the law, the professional evaluating your request must:

- on the one hand, confirm that the chosen clinical manifestations have become recurrent;
- on the other hand, believe that at the time of their evaluation you are experiencing persistent contemporaneous suffering that cannot be relieved.

According to the AQDMD, even if it is not their primary function, clinical manifestations can provide healthcare professionals with indications of the existence of such suffering. Thus, if the manifestations you have chosen allow one to believe in the presence of suffering at the time of the evaluation — and not only express a feared or theoretical condition — your chances of the request being accepted will be greater.

The AQDMD aims to help you identify the clinical manifestations to include in your request, so as not only to express your consent, but also to maximize your chances of receiving MAID once they have been reached.

## A Word from the AQDMD

To maximize the probability that your request will be accepted, the AQDMD suggests choosing clinical manifestations that will lead assessors to believe in the presence of intolerable contemporaneous suffering at the time of evaluation — not only manifestations that you dread but that are not typically associated with suffering.

Of course, clinical manifestations that lead assessors to believe in significant suffering typically correspond to a more advanced stage of the illness. If it is not acceptable to you to reach these manifestations, you are of course free to indicate manifestations of lesser severity in your request. You must, however, be aware that choosing milder manifestations may reduce your chances of your MAID request being accepted when they occur.

## Understanding the Progression of Your Illness to Better Ensure Your Wishes Are Respected

By formulating your manifestations in an informed way, you give your advance request its full power. But to do this, it is essential to know the trajectory of your illness, in particular the stages and symptoms that may appear over time.

Discuss with your physician or a healthcare professional to understand:

- the different stages of your illness,
- the typical symptoms at each stage,
- how the intensity of symptoms evolves,
- and how those symptoms could affect your autonomy, communication, emotions, or dignity.

Based on this understanding, you will be better prepared to formulate precise, coherent, and realistic clinical manifestations that truly reflect your personal limits.

### Resources

*To learn more about the progression of Alzheimer's and Parkinson's diseases, you may refer to the following documents:*

*Stages of Alzheimer's Disease, by the Alzheimer Society of Canada* [1]

*Stages of Parkinson's Disease, by Parkinson Quebec* [2]

[1] *https://alzheimer.ca/en/about-dementia/what-alzheimers-disease/stages-alzheimers-disease*
[2] *https://parkinsonquebec.ca/maladie/quest-ce-que-la-maladie/stades-de-la-maladie/*

## How to Choose Your Manifestations?

To determine your manifestations, you may draw inspiration from the table presented below and select the deficits that represent, for you, a limit you do not wish to exceed. Reaching the manifestations you have chosen will indicate that you have reached the stage at which you wish your clinical situation to be evaluated for MAID.



***You cannot predict or write everything: the form limits the manifestations section to 5,000 characters.***



*The manifestations listed on the following page correspond to the most common manifestations in individuals with dementia who have already passed a certain stage of the illness. This list is not exhaustive and not all manifestations necessarily apply to your illness. The AQDMD recommends engaging in a detailed conversation with your physician about the progression of your symptoms.*

| Category | Clinical Manifestations |
|---|---|
| **Cognitive** | I no longer adequately recognize my loved ones and am no longer able to name them myself: ....<br>*Specify here the people you consider essential to recognize, identifying them precisely yourself.*<br>*If you name several people, write, for example: «I no longer regularly recognize my spouse, and/or my daughter, and am no longer able to name them.»* |
| | I regularly experience confusion or lapses related to schedules and routine daily activities (mealtimes, personal hygiene, clothing...). |
| | I am unaware that I am unable to perform tasks that were once simple for me. |
| | I am unaware that I have memory lapses. |
| | I am unaware that I am unable to perform daily tasks such as getting dressed or feeding myself without a caregiver's help. |
| **Functional** | I have difficulty carrying out sequences of movements to complete an action that was once simple, such as making coffee, using the telephone, or playing cards. |
| | I am no longer able to use the toilet on my own and to wipe myself properly. |
| | I am no longer able to control my bladder and/or bowels (urinary and/or fecal incontinence). |
| | I am no longer able to feed myself on my own, which requires a third party to put food into my mouth. |
| | I need to be fed through a tube. |

| Category | Clinical Manifestations |
|---|---|
| **Functional** | I am no longer able to dress and undress on my own, which requires another person to choose my clothing or dress me. |
| | I am no longer able to wash myself properly.<br>*Specify: by facecloth at the sink, in the shower, in the bath...* |
| | I am no longer able to brush my teeth on my own. |
| | I am no longer able to stand up, and/or sit down, and/or lie down, and/or move safely around the home without help. |
| | I depend on a wheelchair to get around. |
| | I am bedridden / confined to bed. |
| **Communi-cation** | I am no longer able to communicate my needs and preferences. |
| | I am no longer able to speak at all, or my speech is incomprehensible. |
| **Behavioural** | My emotions are unstable; I cry or become irritable without reason. |
| | I wander. |
| | I am experiencing anxiety or depression despite medication aimed at treating this symptom. |
| | I speak constantly; I repeat phrases, words, or sounds. |

| Category | Clinical Manifestations |
|---|---|
| **Behavioural** | I make repetitive requests or display repetitive obsessive behaviours without reason. |
| | I have delusional thoughts, or hallucinations, or paranoid episodes. |
| | I throw objects. |
| | I wander away from home (elopement). |
| | I display verbal or physical aggression. |
| | I refuse to eat and/or to move. |
| | I display irrational or inappropriate resistance to care. |
| | I display socially, verbally, or behaviourally disinhibited behaviour.<br>*Examples include, but are not limited to: theft, binge eating, exhibitionism, obscene gestures, sexual remarks, inappropriate undressing, urinating or defecating in inappropriate places, vulgarity, insulting remarks or gestures.* |
| | I self-harm. |
| | I present a state of dementia with non-visible suffering, sometimes referred to as 'happy dementia': I appear outwardly calm, or even smile, despite severe cognitive decline and an inability to express my actual needs. |
| | I am in a state of deep apathy: I am unable to feel moved, engaged, or to react to my surroundings; I am indifferent. |

# Practical Tips

The choice and formulation of clinical manifestations are key factors in ensuring that your request is understood and respected by healthcare professionals.

Although these tips cannot guarantee that your request will be approved, here are some practical recommendations to guide you.

## 1 Formulate Your Manifestations with Precision

The way you formulate your manifestations is very important in determining whether the stage you do not wish to exceed has been reached or not.

Here are some formulation tips:

### Specify the condition and/or use: «and» or «or»

*«When I can no longer eat AND go to the toilet on my own»* means that you will be consenting to MAID when both conditions are met.

Conversely, *«When I can no longer eat OR go to the toilet on my own»* indicates that the reaching of either one of these situations signals your consent.

**You may also specify whether reaching one particular manifestation alone is sufficient to express your consent to MAID.**

### Be as specific as possible

*«When I no longer recognize my children»* indicates that all of your children must be unrecognized, while *«When I no longer recognize one of my children»* signifies that you are consenting to MAID from the moment you no longer recognize one of your children, even if you still recognize the others.

The manifestation can be even more precise: *«When I am no longer able to remember the name of one of my children»* is different from *«When I am no longer able to remember that one of my children is my child.»*

Similarly, *«When I no longer recognize my loved ones»* — which loved ones? Your children, your spouse, your friends? How many of them? Think about the different possibilities to be as specific as possible.

### Indicate a specific recurrence or duration to avoid ambiguity

The occurrence of a manifestation is different from its recurrence over time. The assessing professionals will be responsible for confirming that your manifestations are recurrent, as this is a legal requirement for obtaining MAID; but you may provide indications as to what constitutes, for you, a recurrent situation you do not wish to exceed.

For example: *«No longer being able to wash or dress myself on my own, every day, for at least 4 consecutive weeks.»*

### Indicate the intensity of symptoms

The intensity of manifestations is also an indicator to include. For example, some individuals will not tolerate *«the loss of mobility requiring the use of a wheelchair,»* while others might wish to wait until *«being unable to mobilize oneself at all, requiring full external assistance to be moved.»*

## 2 Choose Manifestations That Reflect Your Suffering

### Choosing manifestations that reflect your physical suffering

The AQDMD suggests choosing clinical manifestations that will lead assessors to believe in the presence of intolerable contemporaneous suffering at the time of the evaluation — not only manifestations that you dread but that are not typically associated with suffering.

For example, if you choose the clinical manifestation *«being bedridden or immobilized,»* it is more likely that your medical situation when this occurs will lead assessors to believe you are experiencing intolerable suffering, since immobilization can be associated with several forms of suffering (pressure sores, deconditioning, etc.).

### Choosing clinical manifestations that reflect your anticipated existential suffering

It is also possible that you currently experience anticipated suffering of a psychological or existential nature in anticipation of the progression of your illness.

**For your anticipated psychological suffering to be taken into account, you may choose the clinical manifestations that will make it concrete and that are typically associated with significant contemporaneous suffering. In this way, you may indicate in your form the physical, visible, and assessable consequences of the psychological suffering you do not wish to live through.**

For example:

- *«Deep apathy»* (complete loss of initiative, absence of interaction with the outside world) — to more readily identify contemporaneous suffering linked to apathy, you may choose concrete manifestations such as *«refusal to eat, refusal to move.»* These manifestations more easily lead assessors to believe in the presence of intolerable suffering, since they lead to malnutrition, dehydration, muscle loss, joint pain, stiffness, etc.

- The loss of dignity you might not wish to live through due to urinary or fecal incontinence could be expressed as *«frequent incontinence.»*

This type of formulation helps evaluators establish that the manifestations correspond to a state of suffering you do not wish to endure.

## 3 Additional Tips to Strengthen Your Request

- **Before consulting your healthcare professional to complete the form,** work on a first written draft of your clinical manifestations. This will help you be efficient during your appointment.
- **Prepare a supplementary personal document** (a letter, note, or video left to your loved ones and the medical team) explaining in your own words what you consider to be a life incompatible with your dignity. Although professionals are not obliged to take such supplementary documents into account, they could help them better understand the deep meaning behind your previously chosen clinical manifestations when they are called upon to evaluate your request.
- **Discuss with a healthcare professional** to confirm that the manifestations you have chosen correspond to known stages of your illness and to situations that generate suffering.
- **If you wish, include a statement in your form indicating your wishes, such as:**
  - *«When I have reached the precise clinical manifestations described above, and when I am being evaluated for medical assistance in dying, I request, as a final wish, that MAID be administered to me, even if I express opposition or resistance to care arising from my medical condition.»*
  - *«I wish to receive MAID upon reaching the clinical manifestations described above. I express this wish with full awareness, and I desire this wish to be respected even if I am in a state of peaceful dementia and/or if I express opposition to receiving the care.»*
- **Explain your wishes to your trusted contact persons,** so that they are able, when the time comes, to remind the medical team of the reasons why you made these choices.
- Inform your trusted contact persons that if MAID is refused at the time of evaluation, **they may request a second medical opinion** and therefore ask other healthcare professionals to re-evaluate you.

# Conclusion

Completing an advance request for medical assistance in dying is a deeply personal act. It requires projecting oneself into a difficult future, reflecting on one's limits, one's conception of dignity and quality of life, and expressing these clearly.

This guide was designed by the AQDMD to support you through this process, providing you with the keys to understanding the stakes involved and to formulating your request in a way that maximizes the chances that it will be respected when the time comes.

Do not forget that the professional who will evaluate you for MAID will probably not be the one with whom you discussed your advance request, which is why it is essential to be as precise as possible: a well-considered and well-formulated request increases your chances of seeing your wishes respected. This requires time, information, and discussions with your physician or other professionals. Do not hesitate to seek the help of your loved ones or trusted contact persons along the way.

Finally, remember that this request is first and foremost for yourself. It must reflect what you consider unacceptable, what you wish to avoid, and what is essential to your dignity.

The AQDMD remains at your disposal to inform you, guide you, and help you ensure that your rights are respected.

**You have the right to choose your end of life in accordance with your values. This guide is here to help you do so.**

## Support the AQDMD

The Association québécoise pour le droit de mourir dans la dignité works to ensure that the laws allow every Quebec citizen to choose and receive end-of-life care, including medical assistance in dying, in accordance with their personal conception of dignity. In Quebec, we are the only association in this field.

If the right to die with dignity matters to you, you can support us through:

- your AQDMD membership,
- donations,
- participation in our local initiatives.

For more information, you may contact us at info@aqdmd.org or visit www.aqdmd.org.

## Acknowledgements

The AQDMD warmly thanks all those who contributed to the development of this guide, in particular the members of its Board of Directors and Medical Committee: Dr. Jean Mathieu and his medical committee, Fannie Dulude and Émilie Lefebvre, social workers, Mallery Landry, social services worker, Me Jean-François Leroux, the team of practitioners from the Société Alzheimer Saguenay-Lac-Saint-Jean, as well as all the community organizations and those who accompanied patients and provided feedback to make this guide a truly useful tool for the individuals concerned.

Travail, Emploi et Solidarité sociale
Québec