



L'Association québécoise
pour le droit de mourir
dans la dignité (AQDMD)



MEDICAL AID IN DYING in Quebec
National Association of Federal Retirees

February 13th, 2025

Dr Georges L'Espérance, Neurosurgeon,
MAID provider
President of AQDMD

Dr Georges L'Espérance

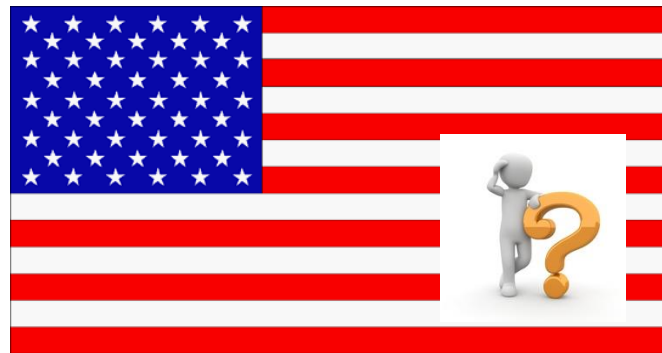
- Neurosurgeon (1980)
- Traumatology and general neurosurgery (retired)
- Assistant Clinical Prof., Université de Montréal
- M Ad Health Sciences (UdM)
- President of AQDMD since 2014

CONFLICTS OF INTEREST

- NONE
- MAID PROVIDER

**Nous qui sommes extrêmement privilégiés,
ayons une pensée pour nos frères et sœurs
ukrainiens et palestiniens**

Nos démocraties sont fragiles



Les menaces à la démocratie et aux droits sociaux



AVORTEMENT



ÉQUITÉ SALARIALE

FILET SOCIAL

ÉGALITÉ FEMMES-HOMMES

AIDE MÉDICALE À MOURIR



MARIAGE DES CONJOINTS
DE MÊME SEXE



L'AQDMD

Hélène Bolduc, founder (2007)

- Michèle Gaudet, treasurer
 - Jacques Hould, administrator
 - Georges L'Espérance, president
 - Catherine Leclerc, vice-presidente
 - Caroline Marcoux, administrator
 - Louise Sheils, administrator
 - Mme Marie-Hélène Vaillant administrator

 - Audrey Wyszinski, General Manager
 - Me Jean-François Leroux, legal advisor
- Donations and contributions only.
 - Since August 2020: Qc grant
 - 2024: recognition as a non-profit organization.
 - No fees for conferences or other services.
 - All board members are volunteers

OUR MISSION

The AQDMD works to ensure that each citizen can, legally, choose and receive end-of-life care that includes medical assistance in dying, in accordance with their own concept of dignity.

Activist component

Work with parliamentarians
and the federal and
provincial government

Public mobilization and
media speaking
engagements to alert public
opinion and decision-
makers

Educational component

Continuous information
to our members and
general population

Support through
information for families
and education for the
general public

Regional sections

- 2022 : Collectif Québec created in 2017

Porte-parole : Mme Lisette Paradis, Québec.
Coordonnées: collectifquebec@aqdmd.org.

- 2022 : Collectif Est-du-Québec
(Bas-Saint-Laurent & Gaspésie-Îles-de-la Madeleine)

Porte-parole : M. René Paquette de Rimouski.
Coordonnées: collectifestduquebec@aqdmd.org

- 2024 : Collectif Laurentides

Porte-parole : Mme Lisa Tupper de Prévost.
Coordonnées: collectiflaurentides@aqdmd.org

- **2025 : création du Collectif Outaouais**

Porte-Parole : Natalie Jones
collectifoutaouais@aqdmd.org

- 1. Advance medical Directives**

2. Current criteria for obtaining medical assistance in dying

3. The future

4. Advanced request

ADVANCED MEDICAL DIRECTIVES

EACH CITAZEN SHOULD COMPLETE THEIR AMD

- IN QUEBEC BILL 2 FROM THE BEGINNING
- SPECIFIC AND UNIQUE TO EACH CITIZEN
- AVOID THERAPEUTIC HARDNESS
- AQDMD.ORG SITE: SEARCH: ADVANCE MEDICAL DIRECTIVES
- RAMQ TO OBTAIN YOUR FORM: 1 800 561-9749 (toll free).
- BINDING NATURE FOR CARE PERSONNEL

MAID cannot be asked by Advanced medical directives

3 CLINICAL SITUATIONS

1 - End of life situation

Serious and incurable medical condition at the end of life

2 - Situation of severe and irreversible impairment of cognitive functions

Comatose state deemed irreversible or permanent vegetative state

3 - Other situation of severe and irreversible impairment of cognitive functions

Severe and irreversible impairment of cognitive functions, with no possibility of improvement (Alzheimer's type dementia or other type of advanced dementia)

Source : Gouvernement du Québec, 2019

1. Cardiac resuscitation

I AGREE

I REFUSE

2. Mechanical assisted breathing

I AGREE

I REFUSE

3. Renal dialysis

I AGREE

I REFUSE

4. Forced feeding or artificial

I AGREE

I REFUSE

5. Forced hydration or artificial

I AGREE

I REFUSE

Any other wishes that the person wishes to express must be made in a document other than the AMD

Obtain the form for your AMD

This is a form from the Quebec government, completed by you and signed by you and by two adult witnesses.

Will be placed in the MSSS file, accessible everywhere and binding for all medical staff,

To obtain your personalized form:

Either on the RAMQ website.

Or type into your search engine: Advance medical directives.

Or by phone:

Quebec: 418-646-4636

Montreal: 514-864-3411

Elsewhere in Quebec: 1 800 -561-9749

Find out more in the section: Advance medical directives on the Government of Quebec website.



Advance medical directives

Act Respecting End-Of-Life Care

Votre gouvernement

Québec

Pourquoi l'AMM ?
• Respect du principe d'autonomie de la personne
• Respect du principe de dignité

De
2023-2024: 7,1%
décédés le son
• Une immense majorité de la

Taskbar with various application icons including Calendar (3), Mail (71), Photos, Word, Chrome, Excel, PowerPoint, OneDrive, and several document thumbnails.

plus (75 %)
e cancer (60 %).
pronostic de survie de 1 an ou moins (84



<https://publications.msss.gouv.qc.ca/msss/fichiers/2019/19-828-03F.pdf>

Not to be confused with ..

ADVANCED REQUEST - AR

- FOR COGNITIVE NEURODEGENERATIVE DISEASES (EX: ALZHEIMER)
- ADOPTED ON JUNE 7, 2023 IN QUEBEC BILL 11
- **IN FORCE since October 30th, 2024**
- SPECIFIC TERMS AND CONDITIONS
- Still not recognized AT THE FEDERAL LEVEL (criminal code)

We will come back to this in a few minutes...

Protection mandate

(mandate in case of incapacity)

**MAID cannot be asked by a protection
mandate**

1. Advance medical Directives
2. **Current criteria for obtaining contemporary medical assistance in dying**
3. The future
4. Advanced request

Introduction

Why MAID ?

- Respect for the principle of **personal autonomy**
- Respect for the principles of **dignity** and **freedom of choice**

DATA

- 2023-2024: 7,3 % of deaths were by MAID
- Vast majority of the population is in favor (> 90 %)

L'aide médicale à mourir 2023-2024 au Québec

Aide médicale à mourir



77 550 deaths in Quebec in 2023

Some data **(Report of CSFV 2023-2024)**

(Commission des soins de fin de vie –
End of life care commission)

- 70 yrs and over : (75 %)
- Cancer (60 %)
- Prognosis of 1 year or less (86 %)
- Irremediable physical and psychological suffering (97 %)

Some data (Report of CSFV 2023-2024)

(Commission des soins de fin de vie –
End of life care commission)

WHERE ?

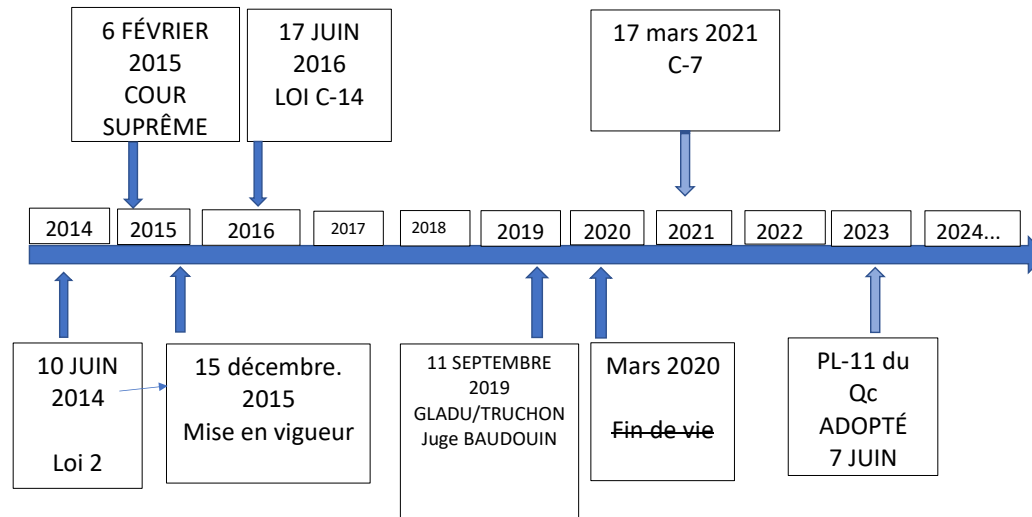
- In hospital : 55 %
- At home : 28 %
- Long term care institution (CHSLD) : 9 %
- Palliative care residence : 6 %

**De la loi 2 au Québec ...
au projet de loi C7 au fédéral...
au projet de loi 11 du Québec
(juin 2023)**

Le code criminel relève du fédéral (Canada),

Fédéral

Provincial



La santé (codes civil et pénal) est du domaine de chaque province.

FÉDÉRAL

Mort naturelle non raisonnablement prévisible à l'exclusion de la santé mentale comme seul problème médical invoqué (AMM-SM-SPMI)

AMM-SM-SPMI accepté

MNRP



Fin de vie

Gladu-Truchon : décision
Juge Christine Baudouin
Septembre 2019



?????

Québec

Historique : résumé

1. Loi 2 au Québec: en vigueur **en décembre 2015**.

2. Cour Suprême du Canada: **6 février 2015** : unanimité.
Le code criminel (Fédéral) qui interdit l'AMM est
inconstitutionnel en raison de :

*Art. 7 de la Charte des Droits et liberté du Canada: chacun a
droit à la vie, à la liberté et à la sécurité de sa personne.*

- **Aucun délai** : pas de fin de vie – pas de 10 jours
ou autres.
- **Aucune liste de maladies**, physiques ou psychiques.
- **Maladie, handicap ou affection.**

3. Loi fédérale : modification du code criminel. **Juin 2016.**

Historique : résumé

4. Cause Gladu/Truchon: **septembre 2019** : cour supérieure du Québec : Juge C. Baudouin
 - Fin de vie et MNRP sont inconstitutionnels.

5. Au Québec : le critère de fin de vie n'est plus valide depuis le **11 mars 2020**.

6. Loi fédérale : **mars 2021** : code criminel modifié.
 - Problèmes de santé mentale seuls non admissibles jusqu'au 17 mars 2024.

LET'S CLARIFY RIGHT AWAY...

THAT THERE IS ABSOLUTELY NO OPPOSITION BETWEEN

- END-OF-LIFE PALLIATIVE CARE
 - CONTINUOUS PALLIATIVE SEDATION
 - COMFORT CARE
 - MEDICAL ASSISTANCE IN DYING
-
- ALL THESE MODALITIES ARE AVAILABLE TO THE PATIENT, ACCORDING TO WHAT SHE/HE DESIRES.

 - NO ONE IS OBLIGED TO TAKE ONE MODALITY OVER THE OTHER : RESPECT OF
 - **AUTONOMY**
 - **DIGNITY**
 - **FREEDOM OF CHOICE**

Actual criteria 2025

Criteria	Law 2 (Qc) (June 2014)	Federal (March 2021)
Eligible for health services	X	X
18 yrs and over, apt to decide	X	X
Grievous and irremediable medical condition;	X	X
Irreversible decline	X	X
Physical or psychological/existential suffering	X	X
Intolerable suffering, physical OR psychological OR existential	X	X

C-14 : federal law - 2 techniques for MAID June 2016

Direct administration by a physician or nurse practitioner

Or

The dispensing or prescription by a physician or nurse practitioner of a substance that the person can self-administer to cause death:

assisted suicide in view of his condition.



Assisted suicide is not authorized in Quebec.

How to request MAID ?

- The patient signs his request with doctor, nurse, social worker, any health professional known or not known to the patient (ex: CLSC of the sector).
- The professional has an ethical and legal obligation to forward the request to the CIUSSS/CISSS: DSP or GIS (ISG: interdisciplinary support group).
- A doctor OR a specialist nurse practitioner (SNP /IPS) evaluates the applicant and gives his/her report: eligible or not and if yes, RFND or NRFND route. This 1st evaluator is the one who will administer the MAID procedure.

MAID Request form

Santé
of Services sociaux
Québec



DT9236

First name:			
First name:			
Date of birth:		Year	Month Day
Health insurance number:	Employ:	Year	Month
Address:			
Postal code:	Area code:		Telephone no.:

REQUEST FOR MEDICAL AID IN DYING

- **No doctor's name** if you do not know who will carry out the procedure

I request that Dr. *(name of physician)* **administer me medical aid in dying. I have received the necessary information regarding the conditions required to obtain and have access to this aid.**

I authorize the pharmacist, who will provide the medications for administering me medical aid in dying, to receive a copy of my request.

Signature (patient): _____ Date: _____
Year Month Day

Authorized third person¹: If the patient requesting medical aid in dying cannot date and sign the form because he or she cannot write or is physically incapable of doing so, a third person may do so in the patient's presence and according to his or her instructions.

First and last name of the authorized third person:

Domiciled at (address):

Relation to the patient requesting medical aid in dying:

Signature: _____ Date: _____
Year Month Day

- Only one witness signature
- Witness can be a provider of health care (ex: auxilliary nurse)

Health or social services professional present when the person requesting medical aid in dying or the authorized third person signed and dated the form:		
First and last name	Title	License No.
Signature of professional		Year Month Day
Independent witness present when the person requesting medical aid in dying or the authorized third person signed and dated the form ² :		Date
Witness 1: First and last name	Signature	Year Month Day
_____	_____	_____

The original of this form must be given to the attending physician and filed in the record of the patient requesting medical aid in dying in accordance with section 32 of the Act respecting end-of-life care.

¹ In accordance with Section 27 of the Act Respecting End-of-Life Care and in view of Section 241.2(4) of the Criminal Code, the third person may not be a member of the team responsible for caring for the patient, a nurse or a person of full age incapable of giving consent, or know or believe that he or she is the beneficiary under the will of the person making the request or otherwise a recipient of a financial or other material benefit from that person's death. The third person must also understand the nature of a request for medical aid in dying.

² Section 241.2(6) of the Criminal Code stipulates that the request must be signed and dated in front of two independent adult witnesses who understand the nature of a request for medical aid in dying. A witness cannot be considered independent if they a) know or believe that they are a beneficiary under the will of the person making the request or otherwise a recipient of a financial or other material benefit resulting from that person's death, b) is an owner or operator of a healthcare facility at which the person making the request is being treated or in which that person resides, c) is directly involved in providing healthcare services to the person making the request, or d) directly provides personal care to the person making the request.

IF ELIGIBLE...

- **RFND** (track one) :
Reasonably Foreseeable Natural Death

Note: NO legal calendar time.

One question: « Will the disease lead to death within a foreseeable time frame? »

MAID when desired : no delay

- Or : **NDNRF** (track two)
Natural Death Not Reasonably Foreseeable
 - ✓ MAID after 90 days
 - ✓ no limit but must remain capable (apt).

Two (2) categories of applicants

(Since March 2021)

CRITERIA	Patients RFND	Patients NRFND
Natural death	Reasonably foreseeable	Non reasonably foreseeable
Examples	Cancer, advanced heart or lung failure	Multiple sclerosis, severe rheumatoid arthritis
Reflection period	No longer required: treatment can be done immediately following consent	90 days between request and procedure
Other criteria	Remain mandatory	Remain mandatory

How to request MAID ?

- A 2nd evaluator must see the patient OR the file and indicate if the patient meets the criteria.
- If so, the applicant chooses his/her date at their discretion: no need to re-assess as long as they maintain their aptitude.

Reminder !

- Conscientious objection exists for evaluation and administration of MAID.
- **But ethics and the law require** a transfer of the request despite the conscientious objection.
- Every citizen has the right to ask to be assessed for medical assistance in dying.
- And it is a right to obtain MAID only if the applicant meets the medical and legal criteria.
- Anyone in the health network who is part of a professional order has the duty to sign the MAID application and send it to the appropriate authorities as soon as the application is completed.

1. Advance medical Directives
2. Current criteria for obtaining medical assistance in dying
3. **The future**
4. Advanced request

Future...

Mature minors	Mental health diseases	Anticipated requests
<p>criteria to be put in place to give access to MAID to minors aged 12 to 18 who meet all the other criteria.</p> <p>(date ...???)</p>		

Far Future...

**Mature
minors**

**Mental health
diseases**

**Anticipated
requests**

Was supposed to be effective in March
2024.
Liberal government postponed to 2027...

So....???????

Fédéral: commande une étude d'experts suite à l'adoption du PL C-7 qui modifie le code criminel

- Le rapport est déposé en mai 2022.
- Aucune proposition de guide clinique ou de règles depuis ce temps...



IN FORCE

Mature minors	Mental health diseases	Anticipated requests
<p>A person who receives a diagnosis of a degenerative neurocognitive pathology (eg Alzheimer's) - could, through an "advance request", obtain MAID when they deem it relevant for them, according to their values and even if they lose their aptitude. The decision will have to be initiated by an agent.</p>		

1. Advance medical Directives
2. Current criteria for obtaining medical assistance in dying
3. The future
4. **Advanced request. (AR-MAID)**

La demande anticipée DA-AMM

Faire en sorte qu'une personne qui reçoit un diagnostic de pathologie neurodégénérative cognitive (ex: Alzheimer) – puisse par une « **demande anticipée** » obtenir l'AMM au moment où elle le jugera pertinent pour elle, selon **ses valeurs**.

The DA-AMM advance request

Ensure that a person who receives a diagnosis of cognitive neurodegenerative pathology (e.g. Alzheimer's) – can obtain MAiD through an “advance request” at a time when they deem it relevant for them, according to their values.

People with a neurocognitive disorder

EX : ALZHEIMER & OTHERS

- Have not always been incapable of consenting to care.
- Have the capacity to give free and informed consent to certain care in advance, or to refuse care in advance.
- BUT : they must obtain a diagnosis of their disease before they become unfit and request MAID.

Law adopted in Quebec, June 7th, 2023

Advance requests for medical assistance
in dying for diseases such as
Alzheimer's
in force
since October 30th, 2024

Problems in the near future....

Advanced requests ...

- Adopted in Quebec and in force since October 30th , 2024
- ...but not yet in the criminal code

ADVANCE REQUEST

1. Must have a diagnosis of a serious and incurable illness leading to incapacity (for example: Alzheimer's disease).
2. Advance request MUST be done when the person is COMPETENT (APT)
3. MUST BE DONE BY THE PERSON HERSELF AND FOR HERSELF
4. The advance request allows you to receive MAID in the future, under certain conditions, when you will no longer be able to consent.

Site du Gouvernement du Québec.

<https://www.quebec.ca/sante/systeme-et-services-de-sante/soins-de-fin-de-vie/aide-medicale-a-mourir/demande-anticipe-aide-medicale-mourir>

Different types of dementias

Common feature: The affected person gradually loses self-awareness and the ability to decide for himself.

- Alzheimer
- Vascular dementia
- Lewy body dementia
- Pick disease
- Etc

Procedure for making an advance request

The person must:

- have received a diagnosis,
 - be of legal age and be insured with Quebec' Health Insurance,
 - be able to consent to care, i.e. be able to fully understand their medical situation and the information given.
-
- The request must be made freely, without external pressure.
 - It must also be made in an informed manner.
 - The persons must make it themselves and for themselves.

Démarche pour formuler une demande anticipée

FIRST STEP

- Talk with a health or social services professional to receive support in the process.
- Describe in detail in his/her request clinical manifestations, such as symptoms, related to his/her illness, and which will constitute the expression of his/her consent to receive medical assistance in dying when he/she has become unable to consent to care and all the conditions provided for by law are met.

Exemple : Alzheimer

(Stade 2 - 3)	Mild
(Stade 4 - 5)	Moderate
(Stade 6 - 7)	Severe

The disease that leads to incapacity will affect the various spheres of brain functions, at different rates and not always according to the same evolutionary pattern.

Damage to the person's spheres of life

The order of appearance and severity of clinical manifestations may vary from one type of dementia to another.

- **COMMON ACTIVITIES: AVQ AND AVD** (Banking, shopping, laundry, etc.)
- **COMMUNICATION** (language, reading, writing)
- **MOBILITY** (coordination, walker, falls, eating, etc.)
- **COGNITIVE FACULTIES** (short and long term memory, hygiene, etc.)
- **BEHAVIORAL AND NEUROPSYCHIATRIC CHANGES** (wandering, irritability, confusion, aggressiveness, etc.)

Example

Feeding: Needing to be fed: a caregiver or family member has to put food in your mouth; need tube feeding to be fed

Medical « translation »: Cannot feed himself.

Memory problems worsen and the person may begin to no longer recognize loved ones.

Medical :No longer recognizing loved ones frequently or constantly

Procedure for making an advance request

1. Name one or two trusted persons, if desired, called “trusted third parties”. Their role is to ensure that the wishes of the person expressed in their advance request for medical assistance in dying can be known and respected, if all the conditions provided for by law are met.

Procedure for making an advance request

Sign the application form in the presence of:

- the physician or specialized nurse practitioner;
- two witnesses, unless the application is made by notarial deed;
- the trusted third party(ies), if any.

To be valid, the advance request must be filed in the register provided for by law. No copies are permitted.



DT9623

DEMANDE ANTICIPÉE D'AIDE MÉDICALE À MOURIR

Nom			
Prénom			
Date de naissance	Année	Mois	Jour
N° d'assurance maladie	Expiration	Année	Mois
Adresse		Code postal	
N° de téléphone		Ind. rég.	

1- Informations relatives au diagnostic reçu par la personne formulant la demande
(Maladie grave et incurable menant à l'incapacité à consentir aux soins)

Diagnostic :
Date du diagnostic :
Nom du professionnel ayant posé le diagnostic :
Préciser au besoin :

2- Description par la personne formulant la demande des manifestations cliniques liées à sa maladie qui devront être considérées une fois qu'elle sera devenue inapte à consentir aux soins et qu'un professionnel compétent constatera qu'elle présente ces manifestations, comme l'expression de son consentement à ce que l'aide médicale à mourir lui soit administrée lorsque toutes les conditions prévues par la loi seront satisfaites.
(Informations provenant de la personne qui fait la demande)

Area for handwritten notes and details regarding the clinical manifestations described in section 2.

Nom de l'utilisateur	N° d'assurance maladie
----------------------	------------------------

3- Description médicale des manifestations cliniques décrites par la personne formulant la demande et qui devront être considérées dans le cadre du suivi à donner à sa demande.
(Informations provenant du professionnel compétent)

Area for handwritten medical descriptions and professional information regarding the clinical manifestations described in section 3.

4- Respect des conditions relatives aux manifestations cliniques décrites par la personne formulant la demande.
(Section pour le professionnel compétent)

Je me suis assuré, en tant que professionnel compétent, que les manifestations cliniques décrites par la personne formulant la demande (voir section 2) sont médicalement reconnues comme pouvant être liées à sa maladie et qu'elles sont observables par un professionnel compétent qui aurait à les constater avant d'administrer l'aide médicale à mourir.

Préciser au besoin :

Area for handwritten notes and details regarding the conditions for clinical manifestations described in section 4.

Withdraw or modify your advance request for medical assistance in dying

1. A person who is able to consent to care may withdraw or modify their request at any time:
 - by being accompanied by a doctor or a specialized nurse practitioner who will ensure that he or she is still able to consent to care;
 - by using the form provided for this purpose.
 - To modify an advance request for medical assistance in dying, the person must make a new one. As soon as it is filed in the registry, the new request will replace the one previously made.

Requirements to receive medical assistance in dying by DA

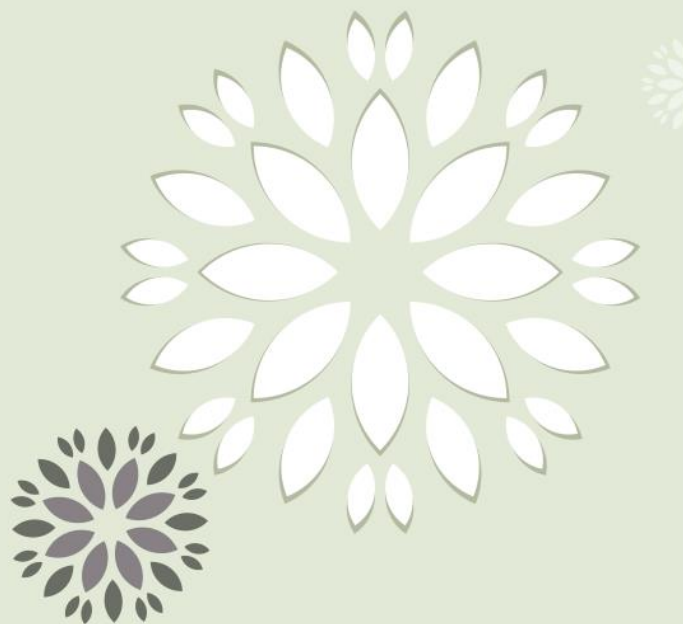
Part 2

1. Have made a request in accordance with the law.
2. Present, on a recurring basis, the clinical manifestations related to their illness and described in their request.
3. Have a medical situation that gives rise to two competent professionals (doctor or specialized nurse practitioner) to believe, **on the basis of the information available** to them and **according to the clinical judgment that they exercise**, that they are experiencing persistent and unbearable physical or psychological suffering that cannot be relieved in conditions deemed tolerable.

DEMANDE ANTICIPÉE D'AIDE MÉDICALE À MOURIR

Guide pour
la personne
et ses proches

Octobre 2024



Votre
gouvernement

Québec

FORMULER UNE DEMANDE ANTICIPÉE D'AIDE MÉDICALE À MOURIR

Guide technique pour les
médecins et les infirmières
praticiennes spécialisées

Janvier 2025



Votre
gouvernement

Québec

English information

<https://www.quebec.ca/en/health/health-system-and-services/end-of-life-care/medical-aid-in-dying/advance-request-medical-aid-dying>

SUMMARY

In Summary : to ask for contemporary MAID

- ❑ 18 years and over
- ❑ Able to decide for yourself
- ❑ Serious and incurable illness
- ❑ Advanced decline
- ❑ Physical suffering or psychological or existential

- ❑ Advance medical directives: TO DO BY EVERYONE
but cannot request MAID

- ❑ All dementias: admissible as long as there is capacity
- ❑ Advance medical requests: legal in Quebec, October 30th, 2024

- ❖ Mental disorders only : prohibited until ...????

YOU CAN NOT ASK MAID

- ...for someone other than yourself;
- ...in your advance medical directives
- ... in your protection mandate (formerly incapacity mandate)
- ... in advance "just in case"...
- ...at your notary's office
- ...in your will..(!)

WHAT ARE MY OPTIONS ???

I am able to make decisions for myself and...

	Advanced medical Directives	Contemporary MAID	Advance MAID request
I have no disease	✓		
I have a physical disease	✓		
I have a serious and incurable disease	✓	✓	
I have a dementia (ex: Alzheimer)	✓	✓	✓
I have a physical disease and a mental disease	✓	✓	
I have a dementia and a physical disease	✓	✓	✓
I have a mental disease alone	✓		

MAID an organ donation

Organ donation possible:

- except the heart;
- with the exception of cancers;
- must be done in hospital.

- Supported by Transplant Québec.

- Tissue donation : supported by Hema Québec

Miscellaneous

INSURANCE: full rights, all types of insurance.

Medications and treatments before MAID : all those necessary for comfort.

No food or drink restrictions: water, wine, champagne, beer, etc...

Merci Dr. L'Espérance

Vous avez fait de ce moment
douloureux, un beau souvenir

Dans cette tempête, vous nous
avez apportés, la paix, le
calme et la douceur

You made this painful moment a beautiful souvenir.
In this storm, you brought us peace, calm and gentleness.

Medical Assistance in Dying : Legitimate, Legal, Moral, Ethical, Compassionate Care

- MAID takes absolutely nothing away from the vast majority (>90 %) of patients who wish to go through with their earthly passage, notwithstanding the physical or psychological suffering.
- MAID is an ultimate, legitimate, compassionate, humanist, moral, ethical and legal care, for those who want it (7 %) after long and mature reflection, considering a serene and enlightened request.

More Information on our web site : AQDMD.ORG

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aqdmd.org/en/

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Association québécoise pour le droit de mourir dans la dignité

The AQDMD advocates for the right to medical assistance in dying.

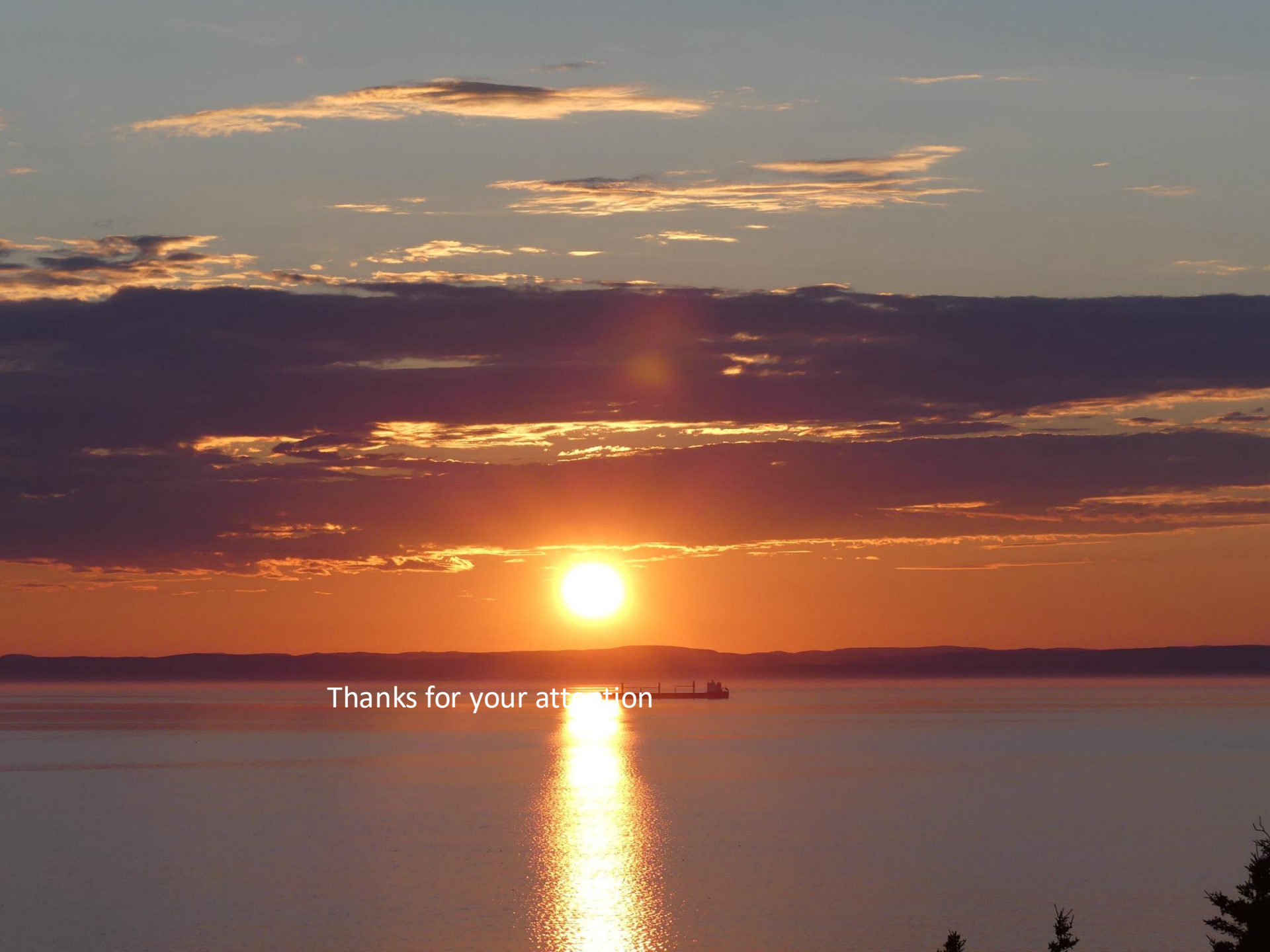
Who is eligible for MAID? | Planning your end of life

What are you looking for?

We're here to help.

- I want to receive MAID
- I am the informal caregiver for a person who wants to receive MAID





Thanks for your attention



info@aqdmd.org

1 - MIDAZOLAM
(VERSED)

2 - XYLOCAÏNE
(ANESTHÉSIQUE LOCAL)

3 - PROPOFOL
(Coma)

4 - CURARE

