

## Users' Rights Week

The Health and Social Services Users' Rights Week is organized each year by the RPCU in collaboration with the Users' and In-patients' committees. Its goal is to inform users on their rights and to highlight the work accomplished within the health and social services institutions.

### About the RPCU

The Health and Social Services Network's Regroupement provincial des comités des usagers (RPCU) groups together the majority of Quebec's Users and In-patients' committees. It offers committee members a day-to-day support and training sessions so they may better perform their statutory duties. The RPCU also defends the rights of seniors and youth.

### A few resources

The Users committee or the In-patients' committee within your establishment  
[www.rpcu.qc.ca/etablisements](http://www.rpcu.qc.ca/etablisements)

Ministry of Family / Seniors  
[www.mfa.gouv.qc.ca/en/aines](http://www.mfa.gouv.qc.ca/en/aines)

L'Appui pour les proches aidants d'âinés (Caregiver Support)  
[www.lappui.org/en](http://www.lappui.org/en)

Seniors' Rights  
[www.educaloi.qc.ca/en](http://www.educaloi.qc.ca/en)

Elder Mistreatment Helpline  
[www.aideabusaines.ca/en](http://www.aideabusaines.ca/en) | 1 888 489-2287

Seniors' Health  
[www.iugm.qc.ca/sante-aines.html](http://www.iugm.qc.ca/sante-aines.html)

## Services within CHSLDs and at home

### Some examples

- A caregiver having to take care of her ill spouse gets in touch with the CLSC to obtain information on home support services.
- Becoming a paraplegic as a result of an accident, a man in his forties is living in a CHSLD where he enjoys the services his condition requires.
- After meeting with her social worker, an elderly woman receives home support services allowing her to maintain her level of autonomy.
- An elderly man suffering from Alzheimer lives in a CHSLD, as his condition no longer makes it possible for him to live alone in his home.
- After the death of her spouse, an elderly woman goes to a day center where she meets other seniors living with grief.
- A diabetic man living in a CHSLD is benefiting from being evaluated and enjoys nutritional monitoring.
- Becoming aware of their mother's progressive loss of autonomy, the family members obtain an assessment from a CLSC social worker.
- An elderly man in an advanced stage of losing his autonomy receives appropriate nursing care in the CHSLD where he lives.

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Regroupement provincial  
des comités des usagers  
Santé et services sociaux



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SERVICES  
ONE OF MY RIGHTS!



## Services within CHSLDs and at home

Health and  
Social Services  
Network

Users'  
Rights  
Week

Contact your Users' or In-patients'  
committee for more information  
[www.rpcu.qc.ca/week](http://www.rpcu.qc.ca/week)

## Services are a right

In Quebec, care and services offered by the Health and Social Services Network are no longer a privilege as they once were, but, rather, they are a **legal right**. Consequently, when a user enters a facility, he or she receives services and, at the same time, exercises his or her right to receive them.

## What the Act stipulates

The Quebec Government's Act respecting Health Services and Social Services (LSSSS) defines the right to services as follows: Every person **is entitled** to receive, in a **continuous fashion** and in a **personalized** and **safe** manner, health services and social services which are **scientifically**, **humanly** and **socially appropriate**. Moreover, every person is entitled to be informed of the existence of the health and social services and resources available in their community and the conditions governing access to such services and resources. Finally, every person whose life or bodily integrity is endangered is entitled to receive the care required by their condition.

## Proactive approach

A proactive approach is key to exercising the right to services wisely. Indeed, **getting informed**, **asking questions and taking part in decision-making** allows one to identify the needs and provide fair and appropriate answers. Information, taking part in decision-making and consent to care are also legally recognized users' **rights**.

## Access to services

We are more than 8 million Quebecers exercising our right to receive the services we need. **Constraints** on service offers are therefore felt according to **demand and availability** of resources, be they professional, human, financial or technological. All of these factors affect access to services.

## Access to a family doctor

Access to services also involves access to a family doctor. Users who do not have a family **doctor** may register at the *Guichet d'accès à un médecin de famille (Registering with a Family Doctor)* at [www.gamf.gouv.qc.ca](http://www.gamf.gouv.qc.ca).

## Quality of services

Services offered must be of good **quality**. By showing their degree of satisfaction during assessments done by their users or in-patients' committee and by expressing their dissatisfactions to the Service Quality and Complaints Commissioner through the lodging of a complaint, the user is contributing to the **ongoing improvement** in the quality of services.

## Cost-free services

Health services and social services are funded from the **public** purse. In other words, we all contribute financially through a collective insurance policy. It is a societal choice Quebec made more than 40 years ago.

According to the Canada Health Act, health insurance covers acts that are 'medically necessary'. Non-medical services (social services), which are excluded from this definition, are freely available since they are taken into account in the Government of Quebec's budget to the institutions.

## Accessory costs

Expenses related to services covered, also called **accessory costs**, are **no longer allowed** since January 2017. Have you had fees wrongfully billed to you? Keep your receipts and your proofs of payment: You may request a reimbursement from the RAMQ.

## Limits

Access to certain services remains **problematic**, particularly in the fields of psychotherapy and dental care. Minimum services are nonetheless offered.

## Organization of services

In 2015, the Government of Quebec went ahead with the administrative merger of public institutions within the same region\*, thus creating the Integrated (University) centers for Health and Social Services, referred to by the acronym CISSS or CIUSSS. In this way, each region is administrated by only one CISSS/CIUSSS with only one Board of Directors and one Directorate-General.



## Improvement of services

The Users and In-patients' committees have not been merged, and so continue to work towards the improvement in the quality of services on the local level or sector level within their institution.

The establishment of the CISSS and the CIUSSS brought about the creation of the Integrated Centres Users' Committees (CUCI) whose function is, among other functions, to submit priority issues to the Integrated Centre's Board of Directors' members whose responsibility it is to respond to these publicly.

\* In view of the population density and/or remoteness, the Montreal, Montérégie and Gaspésie-Île-de-la-Madeleine regions have more than one CISSS or CIUSSS to serve their respective clientele. Certain special purpose institutions have not been merged. These are: The Montreal Heart Institute, Institut universitaire de cardiologie et de pneumologie de Québec, Montreal's Institut Philippe-Pinel, and the Québec-Université Laval' CHU (UHC) as well as the majority of the other University hospital centers (UHC).

## Who is a user?

A user of the Health and Social Services Network is not only a person who is ill: one is born a user and one will die a user. A user includes everyone who has, at one time or another during their life, used the network's services. This could be the pregnant woman, the anxious person, the adolescent in the Youth center, the handicapped person, the youth with TDHD, the employee on sick leave, the person diagnosed with cancer, the person living with an addiction, the in-patient living in the CHSLD (LTRCC), the senior who lives at home and receives homecare support services from their CLSC or from their loved ones. In a nutshell, it is the **8,000,000 Quebecers** that the RPCU represents.

## Users' Rights

'The services' raison d'être is the person needing them.' This is one of the guidelines on which the Act respecting Health Services and Social Services (LSSSS) is based. The users' rights are:

- Right to information
- Right to services
- Right to choose one's professional or facility
- Right to receive the appropriate care according to one's health status
- Right to consent to care or refuse care
- Right to actively participate in decision-making
- Right to be accompanied, assisted and represented
- Right to accommodation
- Right to receive services in English
- Right to access one's user file
- Right to the confidentiality of one's user file
- Right to lodge a complaint

The Act respecting end-of-life care provides for access to palliative care, the right to physician-assisted dying and the possibility of drafting advance medical directive. The Quebec Charter of Human Rights and Freedoms and the Civil Code of Quebec also offer some protections.