

Peer Review File

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June 2nd, 2020

Dear Editors of Annals of Palliative Medicine;

Thank you for the opportunity to revise and edit our review article. I believe these suggestions have significantly improved the quality of the paper. Our responses to the reviewers comments are below:

Reviewer 1

Overall, this is an interesting review and I found the second half (a Canadian psychiatrist's perspective) especially well written and thought provoking. The first half needs work in terms of the writing and also could use some more fleshing out – important points are raised but need more discussion, and there are many areas which are some what abrupt. I have tried to highlight some of these areas in my specific edits.

Comment 1: Line 3: Please reword “confronting more providers” – confronting with what?

Rely 1: removed

Comment 2: Line 4: Table 1 – generally tables are not referred to in abstracts. Instead, please refer to it in the main text.

Rely 2: removed

Comment 3: Line 7: Run on, consider breaking. Please also change to “some require that patients must be able to self-administer the regimen.”

Rely 3: modified into 2 sentences

Comment 4: End of abstract: Consider summary statement for the end of the abstract and then title the background/introduction.

Rely 4: add summary statement “As access to legal assistance in dying expands, more research is needed on how to ethically apply it and guide patients, families and providers before, during and afterwards.”

Introduction: Please label and consider adding further subcategories for ease of reader. “Characteristics of patients who use DWD/MAID”

Comment 5: Abrupt start. Please start with a basic definition of medical assistance of dying and death with dignity. Do not use abbreviations until defined previously.

Rely 5: added introductory sentences with definition (and reference to Table 1 removed from abstract)

Comment 6: Reference 4 refers to DWD with ALS patients. Please add references for “patients with brain tumors are more likely to experience such symptoms and concerns earlier and more frequently than patients with other cancers and diseases.” Would recommend exploring the brain tumor palliative care literature.

Rely 6: changed to “may be more likely” and added refs 5-6.

Comment 7: Page 2, line 4 needs a reference (“although brain metastases are very common in advanced cancer.”)

Rely 7: added ref 5.

Comment 8: This paragraph abruptly includes a sentence on self-administration – its intention appears to be providing demographic and characteristics of brain tumor patients who use DWD/MAID. Please consider rewording.

Rely 8: added summarizing sentence “These common symptoms in patients with CNS tumors might make them more likely to request DWD for reasons of loss of independence and autonomy, while at the same time making decisions on whether they qualify for the legal application of DWD more complex, due to impaired cognitive abilities.” Before the sentence on dysphagia.

Comment 9: Additional literature on characteristics/symptoms of brain tumor patients who use DWD/MAID should be included or that limitation (lack of literature) should be stated.

Rely 9: added that there is no literature on this topic published.

“Decisional Capacity with MAID” ??

Comment 10: First sentence needs reference “it has been well described”

Rely 10: shortened 1st sentence and added subtopic heading

Comment 11: Last sentence in this paragraph does not read well and needs rewording – “in large cohort of high grade glioma patients...” Did the relatives/physicians feel the patients lacked capacity? Decisions were then made by whom? Patients or relatives? Please break up if necessary but this seems important and needs to be rewritten.

Rely 11: changed wording slightly to clarify.

Comment 12: Last paragraph “it is notable that several states and countries process” – the process in several states??

Rely 12: changed wording to clarify

Comment 13: Page 4 second line – did authors mean to use assess? How patients assess programs before and after? Please reword and clarify.

Rely 13: changed wording to clarify

Comment 14: Since issues with administration are mentioned in various places but not expanded upon, a third section could be added here “Challenges in DWD/MAID for brain tumor patients” where the authors could discuss the issues with dysphagia, motor weakness, cognitive changes (in time between receiving and taking drug), etc, that will create issues with administration and trouble with prescription.

Rely 14: added summarizing sentence

Next section:

Comment 15: Page 5, last sentence, needs reference “we have rarely found psychiatric symptoms to be of such magnitude as to preclude patient’s decisional capacity.”

Rely 15: added, “in the authors experience”

Comment 16: Page 6, line 2, reword to THE MAID law.

Rely 16: added as suggested

References:

Comment 17: Reference 1-3 are improperly cited and formatted.

Rely 17: corrected reference formatting as per Vancouver style

Comment 18: Reference 6 does not have a title.

Rely 18: title added to reference

Comment 19: Table needs to be properly formatted

Rely 19: modified Table format

Reviewer 2

Comment 1: I think the paper would benefit from some structural changes and adding some headings – perhaps something like an intro, primary brain tumours, mets, similarities and differences in eligibility across separate jurisdictions, challenges or limitations, future work. Summary (something like that just to guide the reader).

Rely 1: the various changes made in response to reviewer 1 we believe respond to this

Comment 2: Also there appears to be more written about psychiatric illness and implications on MAID than brain tumours.

Rely 2: We think since psychiatrists are often called upon as arbiters of capacity and competence, the inclusion of a psychiatrist with oncology training and experience in MAiD is very useful and discusses not just capacity and competence but their interplay with psychiatry disorders.