

## Peer Review File

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**Manuscript ID: APM-2019-HD-02(APM-19-631)**

**Title: Medical Assistance in Dying (MAiD) in Canada: practical aspects for healthcare teams**

### **General Comment:**

This paper provides a brief but thorough overview of MAiD in Canada that is well thought out and considers many practical aspects that are rarely reflected on in a review paper about MAiD. There are a number of issues to address to help strengthen the paper. Please also see comments on 'stickie notes' in the attached PDF.

**Comment 1:** First, the authors are clearly advocates for MAiD and doctors who have experience but don't clearly state this until the final paragraph. For continuity and clarity, we suggest clarifying that the authors are physicians working in Canada who have practiced and/or worked with patients who have pursued MAiD.

**Reply 1:** We have added this in the introduction. "The three authors are all physicians who have provided assisted dying during this time."

**Comment 2:** Whilst you have interesting anecdotes about care we need the paper to be as evidence based as possible – please provide references throughout and avoid anecdotes. There are well written and important sections of the manuscript, but references are required to support your statements. Clarification is also needed with some of the statements. Please see the sticky notes on the PDF.

**Reply 2:** We added more references. These are available are from the 43 research papers that have been published so far about Canadian experience and from public documents such as laws and regulations, but all the practical implications come from the experience of the three authors, since this is not available in published literature.

**Comment 3:** In the abstract, the authors state "our law" and in the background they state, how "we came to legalize...". We suggest clarifying by stating the "Canadian law" or how "Canadian's came to legalize..." Also avoid 'we' when referring to a country – for international readers may not know you are Canadian but also feels less objective. Equally remove 'our' rather the Canadian...

**Reply 3:** We removed "our" and replaced with "Canadian" throughout the text.

**Comment 4:** Also numbers under ten should be written in full i.e. two not 2

**Reply 4:** We made this change throughout the manuscript.

**Comment 5:** You state increase of 1.6% but can you state increase from what to what? % deaths?

**Reply 5:** We have added “from 0”. “Over the first three years, the percentage of annual deaths in Canada that were due to MAiD increased from 0 to 1.6%”

**Comment 6:** Do you mean 10,000 people have died since the introduction of the law?

**Reply 6:** Yes, and we added that phrase to the text and corrected the number. “We estimate by the end of 2019, approximately 13,000 people will have had an assisted death in Canada since the introduction of the law.”

**Comment 7:** Please change ‘forced to be’ to ‘need to be’

**Reply 7:** We made this change. “Many faith-based health care facilities continue to refuse to allow assisted dying within their facilities, so patients need to be transferred to other locations in their last hours of life”

**Comment 8:** Please change ‘are less than ideal (a bit colloquial) to vary

**Reply 8:** We made this change. “The relationships between providers of assisted dying and specialists in palliative care vary...”

**Comment 9:** Current state - State the countries you use for comparison - why only these? You need to label this graph and change here from table to graph

**Reply 9:** We changed the sentence to: “allowing comparison to other jurisdictions where assisted dying is available in some form and has been for decades” and relabeled the graph

**Comment 10:** Can you explain why some provinces forbid MAiD as the cause of death?

**Reply 10:** For privacy reasons (this document is seen by people like the executor, the funeral home staff, etc. who do not need to know). We have added “for privacy reasons” to the text.

**Comment 11:** Page 6 can you explain what happens if health Canada think there is a problem? Are there any judicious checks like in the Netherlands? Maybe this a point for the whole of Canada - can only see coroner involved in Ontario.

**Reply 11:** There is no Federal oversight, only provincial, and each province handles it differently. To clarify this, we added a sentence to the first and the last paragraphs of

this section: “Oversight has been delegated to each of the provinces and they have chosen different methods”.

**Comment 12:** Page 7 can you explain what these privileges are?

**Reply 12:** We have clarified that these are the privileges do provide MAiD: “There is no accreditation required to provide assisted deaths in the community, but special privileges to provide MAiD are required for provision in hospitals and other health facilities...”

**Comment 13:** Are there any issues in finding clinicians to help? Access to drugs? Presumably cost not an issue (unlike the US) but might be worth making clear.

**Reply 13:** We have this sentence above: “There is still a shortage of providers in Canada and this is more acute in rural areas”.

We have also added sentences discussing access and cost of drugs: “All provinces provide the MAiD drugs at no expense to the patient, but the drugs are not always available due to some pharmacists not being willing to dispense of stock them. Canada had no barbiturates available for oral administration until recently”

**Comment 14:** Page 8 please change ‘a hard time’ to difficulty. Can you remind us who the assessor is? Do you know how often the doctor is from the patient's own care team (eg like the Netherlands)? How often doctors from right to die associations (eg Switzerland)?

**Reply 14:** We changed “a hard time” to difficulty  
We know from the published research that the vast majority are not from the patient’s own care team but we have no data about whether they are from right to die organizations. We added:  
“Most MAiD providers in Canada are not the treating clinicians”

**Comment 15:** Also change ‘reluctant’ to at times reluctant’. Who is the angry survivor – family, friend? What sort of communication or reconciliation do you mean? Is setting a date dependent upon how much time they have until the death? 10 days? Long enough for such big conversations? This section is highlighted in the PDF but needs lots of references to support the points made.

**Reply 15:** We changed ‘reluctant’ to at times reluctant’. We have added more references but some of this information comes from the experience of the three authors.

**Comment 16:** Page 9 - ‘no-one can participate’ - can you explain as surely people participate otherwise wouldn’t happen?

**Reply 16:**

We changed this to: “In the federal assisted dying law it is clear that no clinician can be forced to provide MAiD”

**Comment 17:** The final paragraph needs a bit of reworking. The authors clearly advocate, support, have participated in MAiD, and experiences have shaped their views. These statements need referencing and perhaps can be addressed in a brief section suggesting future research about how MAiD has influenced end of life care including quality of patient/doctor, community, and family relationships.

**Reply 17:** We have changed it considerably because nothing seems relevant without talking about COVID19.

**Response to authors revisions:**

We are very happy to receive the revisions. Thank you for all of your efforts to revise and address current issues in this paper. We are suggesting a few minor changes, and are asking for a brief conclusion at the end.

Regarding Current State:

**Comment 1:** “Figure 2 measures regional MAiD as a percentage of annual deaths, allowing comparison to other jurisdictions where assisted dying is available, and has been for decades in some form”. Can you say something about why you did not compare to Switzerland?

**Reply 1:** We also did not put in Belgium or Luxemburg to make the graph easier to read

**Comment 2:** Regarding this sentence: “This data shows that by October 2018, 1.6 % of all deaths in Canada were by assisted dying. British Columbia led the country in requests and provisions with 2.4% of annual death by assisted dying (5).” - Can you explain why it says in abstract over 5% in some areas or where this is located?

**Reply 2:** We added (and one BC health authority had over 5%)

**Comment 3:** Regarding this line: “All provinces provide the MAiD medications at no expense to the patient, but the medications are not always available due to some pharmacists not being willing to dispense or stock them”

Do you have any evidence/reference even if from news reports?

**Reply 3:** Yes, we added:

Verweel L, Rosenberg-Yunger ZRS, Movahedi T, Malek AH. Medical assistance in dying: Examining Canadian pharmacy perspectives using a mixed-methods approach. *Can Pharm J (Ott)*. 2018;151(2):121–132. Published 2018 Feb 9. doi: 10.1177/1715163518754917

**Comment 4:** In section: anti-choice issues, pg 12:

“There remain doctors, nurse practitioners and other healthcare professionals who bloc access to assisted dying and pharmacists who refuse to dispense the prescribed drugs.” Do you have a reference, even if only a newspaper article?

**Reply 4:** Yes, we added:

Verweel L, Rosenberg-Yunger ZRS, Movahedi T, Malek AH. Medical assistance in dying: Examining Canadian pharmacy perspectives using a mixed-methods approach. *Can Pharm J (Ott)*. 2018;151(2):121–132. Published 2018 Feb 9. doi: 10.1177/1715163518754917

Pg 13.

**Comment 5:** Add the word ‘additional’ to this sentence:

“This requirement can add additional hours to the MAiD procedure”

**Reply 5:** Done

**Comment 6:** Can you change this sentence:

By the end of life, many people no longer have anyone in their lives except their care givers and family, or do not want anyone else to know about their choice so there are often no suitable witnesses.

Suggest change to:

By the end of life, many people no longer have anyone in their lives except their care givers and family. For those accessing MAiD they may not want anyone else to know about their choice so there are often no obviously suitable witnesses.

**Reply 6:** Done

At end:

**Comment 7:** Question: In Switzerland anecdotal evidence suggested an increase in requests for assisted dying from cancer patients fearful they wouldn’t get adequate treatment during the pandemic. Did you witness this too, and if so, can you say something about that?

**Reply 7:** Yes and we added : Anecdotally, the authors have noticed that some of our patients have requested to die earlier because they fear getting COVID and/or because they can no longer spend time with loved ones.