APM ANNALS OF PALLIATIVE MEDICINE
AN OPEN ACCESS JOURNAL FOR HIGH-QUALITY RESEARCH IN PALLIATIVE MEDICINE
IMPACT FACTOR 2.595

Peer Review File
Article Information: https://dx.doi.org/10.21037/apm-22-422

Reviewer A

The authors are to be congratulated on undertaking a review on this relevant topic. The paper is a valuable contribution to the field.

Some revisions are recommended as follows:

Abstract

Comment 1: Methods: n=19 should be stated in the results section and not in the methods section

Reply 1: We have now removed the n=19 information from the methods section and transferred it to the results section. (line 22-23)

Comment 2: Conclusions: To conclude that future research is necessary (which is always the case) sounds a bit boring. Please state what YOUR study results have revealed and add to the field.

Reply 2: We have now rewritten the conclusion to focus on our results. (line 28-30)

Introduction

Comment 3: Please further explain Bill C-14 and Federal Bill C-7, as this is not common to the reader.

Reply 3: We have now explained further Bill C-14 (lines 39-43, 44-51) and Federal Bill C-7 (lines 52-63; 99-100).

Comment 4: Line 72-72: Please specify "comorbid psychiatric illnesses", as a psychiatric illness differs from appropriate sadness, moral distress, subthreshold symptoms or impairment due to a severe disease.

Reply 4: We have now clarified that in Elie Isenberg-Grzeda's paper, they were referring to comorbid depressive disorders and anxiety disorders. (lines 64-70).

Comment 5: Line 103-104: Our pilot study was designed explore these perceived educational needs in one academic center in the province of Quebec.

What was your focus concerning your study population, as you might get different results within a multiprofessional team. You do mention this later, but please adapt and mention it in the introduction section to provide more clarity and better readability.

Reply 5: We have now explained further our study population. In the province of Quebec, only physicians can administer MAiD, and although MAiD often occur in an interprofessional context as nurses, pharmacist, social workers,

psychologists are generally involved in the care of the patient, the focus of our study was on assessors which are responsible to fulfill the legal criteria checklist before MAiD can be provided. (Lines 106-113).

Materials
Comment 6: Line 112 „A few months“ does not sound scientific, please specify.
Reply 6: We have now included more precision about our study timeline. Our study was conducted in 2017, one year and a half after the government of Quebec enacted its law on MAiD. (lines 118-120).

Discussion
Line 189-190:
Comment 7: Educational needs in psychiatry differ from psychiatric expertise. This has to be specified in a very thoughtful way, as otherwise it could result in a lot of pressure for physicians asked for an MAiD. The authors should specify - best with a figure/a flow chart - what is current practice in Canada for an MAiD and what kind of expertise/what kind of physicians/legal issues are needed.
Reply 7: We have now added a new table (Table 1) explaining the current legal eligibility criteria and safeguards assessors must consider for Medical Assistance in Dying in Canada. We have also added information in the introduction about which tasks and responsibilities assessors and providers have regarding MAiD : “Practicing MAiD in the province of Quebec according to the law, includes making sure that the patient is well informed about therapeutic possibilities and expected prognosis, making the request freely, and experiencing persistent and unbearable suffering (see table 1).”(lines 60-63 and 106-113).
Even though 95% of participants had reported taking care of patients at the end of life on a regular basis, 47% had never received any formal palliative care or end-of-life training, which usually includes psychosocial issues and psychiatric symptoms management.

This fact is shocking!
Conclusion
Despite some limitations, our pilot study revealed that physicians reported a high level of competency in terms of psychiatric aspects among MAiD requesters.

Comment 8: The authors should state that there is a need of an objective measurement of competences, as “self competence“ regarding an MAiD, all the more due to the fact that there is a lack of training in palliative care issues, might lead to an underestimation of alternatives to an MAiD. The authors should discuss that 79% of the respondents have performed MAiD (Table 1). This might indicate a positive attitude towards MAiD as a potential solution for “severe suffering“. This should be mentioned within the limitations section, as there might be a tendency of respondents to report positive views towards MAiD.
Reply 8: We have now included your recommendations as for the need of

objective measurement of competences (lines 303-305), as well as discussed, the overestimation of competency (lines 253-258) and the positive attitude towards MAiD (lines 208-213; 251-253).

Best of luck in revising your manuscript!

Reviewer B

This paper aimed to determine the educational needs on psychiatric issues in physicians involved in these requests right after MAiD 36 in Quebec. The authors approached 25 physicians, 19 of whom completed an anonymous online survey. A new survey was developed from the task, referenced to "best practice in surveys". The validation appears to involve a single administration which was timed. Those surveyed included a significant proportion who had previously conducted MAiD. The results are well represented in the tables.

Comments
The question is relevant and important given the psychological dimension in all people requesting MAID and the presence of diagnosable mental disorders in some. It is useful to note that the presence of a mental does order does not necessarily indicate a lack of capacity to consent to MAID, although in some case this may be the case.

Comment 1: The educational needs are broken down according to the survey (table 2), but might structurally also be seen as relating to
- Identifying needs/disorders
- Meeting needs/ treating disorders
- Determination of capacity

Reply 1: Thank you for your comments. We have now included elements of your structure into our discussion (lines 173-174; 245-250).

Comment 2: Not surprising there is less perceived confidence for meeting needs/treating disorders at the end of life since in general terms intervention are less effective in this context.
Reply 2: We have now included your comment to the discussion (lines 177-179).

Comment 3: This question of competence to assess capacity in the context of mental disorder (mainly depression) is cast in the form of differentiating MAiD requests from suicidal ideation. This differentiation depends on the definitions of suicide applied, which presumable extend beyond the wish to end life to include elements of self hate or rising clearly out a mental disorder. In my view this is indeed a difficult clinical capacity which benefits from learning opportunities, including independent assessment by a consultation-liaison psychiatrist experienced in the field. Another form of the question might be 'determining capacity to consent to MAiD in the

presence of psychological symptoms or mental disorder'.
Reply 3: We have included your comments to the discussion. (lines 245-258).

Comment 4: The discussion developed the theses that prior training is limited and that practitioner recognised their further education needs. The possibility of over confidence in assessing capacity is important and supported by the data, although whether it is really a question of confidence or a bind whereby a physician has to see themselves a capable in assessing capacity if they are to do this role, but also needs to be aware of the complexity and "grey", and the need to constantly test and retest their concepts and decision making (best done in peer environments as suggested by the findings).
Reply 4: We have incorporated your comments in the discussion (lines 253-258).

Comment 5: The preference for group peer learning is useful in the immediate post covid/ zoom persistent environment. The depth of the psychological, ethical, legal discourse around MAiD may be a good example of something that cannot adequately be pursued without the intersubjective shared experience of face to face learning.
Reply 5: We have now included this comment to our discussion section (lines 275-279).

Reviewer C

The authors present findings from a cross sectional survey of physician at 1 institution in Canada who participate in MAiD, to evaluate their self reported competency, training and needs in handling psychiatric and other issues for patients requesting MAiD. This is a topic of high interest and debate and there is limited data available. As such I think this is a valuable contribution to the literature on this topic.

Comment 1: If further details on the exact specialties of the physicians surveyed was available, and physician demographics were correlated with some of the important survey findings (greater or lesser training or self reported competence) this would be even more illuminating.
Reply 1: Thank you for your comments. We have now modified Table 2. To add more details about medical specialty of responders. We unfortunately found no statistical relationship between physicians' specialties and self-reported competence. We have now added this information to our results section (lines 188-194).

Reviewer D

The topic of the paper is very interesting but I think it needs some changes.
Comment 1: Line 1: I think is not addecuate to use acronyms in title.

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Reply 1: Thank you for your comment, we have now removed the acronym from the title (page 1).

Comment 2: Line 26: Delete acronyms.
Reply 2: We have now removed the acronym from the abstract (lines 10).

Comment 3: Line 34: The aim of the study is very long, please, shorten it.
Reply 3: We have now shorten the objectives of the study (lines 17-18).

Comment 4: Line 48: Conclusions should be re-written
Reply 4: Conclusions have been rewritten. (Lines 28-30).

Comment 5: Line 88: You should include the year in brackets.
Reply 5: We have now included the year of the article (2021) in brackets in the sentence (lines 90-91).

Comment 6: Line 150: You should include your results clearly.
Reply 6: We have now clarified the sentence you were referring to (line 152-153). The results of the response rate are reported in the next section (results), at line 156.

Comment 7: Line 188: The discussion section is very short, you should re-written and include more references.
Reply 7: We have re-written the discussion section (lines 197-292), taking into account the comments of different reviewers and we have now 54 references, including 21 references from the last two years (2020-2022).