Author’s response to reviews

Title: This Moral Coil: A Cross-Sectional Survey of Canadian Medical Student Attitudes toward Medical Assistance in Dying

Authors:

Eli Bator (eli.bator@hotmail.com)
Bethany Philpott (bethany.philpott@medportal.ca)
Andrew Costa (acosta@mcmaster.ca)

Version: 1 Date: 05 Jul 2017

Author’s response to reviews:

July 5, 2017

Dr. Stephen Smith
Associate Editor
BMC Medical Ethics

Dear Dr. Smith, Editors, & Peer Reviewers,

We would like to thank you for taking the time to assess our manuscript, "This Moral Coil: A Cross-Sectional Survey of Canadian Medical Student Attitudes toward Medical Assistance in Dying," for suitability for BMC Medical Ethics. We have given the feedback you have provided careful consideration, and have made changes to our manuscript accordingly. Our response to this feedback is outlined in a point-by-point fashion below.

Sincerely,

Eli Bator, MD
Michael G. DeGroote School of Medicine
McMaster University
Editor Comment 1

As you will see from the comments of reviewers, there are a number of positives about the article but they would like to see additional material in relation to the data and evidence provided. Some of these might be difficult on the basis that the data has already been collected (for example, Reviewer 1’s comments about the fact that you have only looked at Year 1, 2 and 3 students), but it will be helpful if you can at least clarify those issues in the article.

Response E.1

As we will outline below as per the first reviewer's comment, we did in fact survey students in all years of this medical program, which is a three year program, but appreciate that this may not have been completely clear and have made changes to the manuscript to correct this. We have also tried to fully address all feedback provided to us in the following points.

Reviewer 1 Comment 1

This article describes a survey of attitudes towards assisted dying among medical students at a Canadian university.

On the positive side the article is well written and the response rate is very good. In my view the article is worthy of publication, but there are two factors that limit the article's importance and interest to a wider audience. (In fairness, the authors already discuss these factors in the section on limitations).

First, I take it that the students surveyed are in year 1, 2 or 3 of a 5-year medical study (although I could be mistaken about this - this should be clarified for the sake of an international readership). This is important, because one arguably plausible model of the development of student attitudes is that during the medical study they go from being laypeople, sharing the attitudes of the general public, to being socialized into the profession and being exposed to and acquiring attitudes characteristic of the profession. Thus it would arguably have been more interesting to survey the more mature attitudes of students close to finishing their studies.

Response 1.1

We would like to clarify that the medical school studied has a 3-year curriculum where students train throughout the entire year. As such, our study includes the entire spectrum of medical students at different levels of training. We have amended the manuscript to better reflect this in the abstract and methodology.
Reviewer 1 Comment 2

Second, the study only covers a single institution. The surprising finding that students become more, not less, positive towards assisted dying throughout their studies (thus moving TOWARDS the attitudes of the general public, and AWAY FROM the attitudes of physicians) then raises the question of what kind of teaching they have received on the ethics of assisted dying - and whether there has been an ideological slant to this teaching. (It appears likely that the views promoted in such ethics classes would differ between Canadian universities.)

Response 1.2

Based on this feedback, we have emphasized in the discussion the finding that students’ stances become more positive with more medical education. We have added a statement to suggest that there may be differences in curricula across medical schools to account for this finding, but further research is required to confirm this. We did not formally assess this institution's curriculum in this study, but as stated in the manuscript, all students received at least one mandatory educational session focused around MAiD from an ethical perspective before administration of the study.

Reviewer 1 Comment 3

I note that there is an ideological slant in how the study is motivated in the abstract and the introduction. As a key motivation is given the importance of securing equal patient access to assisted dying. This goal presupposes that assisted dying - still, of course, a widely contested practice both in Canada and in most other countries - is a medically, legally and ethically acceptable practice. I am not saying that such an ideological slant is unacceptable in a scientific paper, but the upshot is that the article conveys (what I take to be) the authors' endorsement of assisted dying in an implicit manner only. Consider whether this should be rewritten or made more transparent.

Response 1.3

This is an excellent point, and as such, we have added a sentence to the introduction to make clear our stance that patients have a right to access assisted dying.

Reviewer 1 Comment 4

Some more minor points:

The terms "physician-assisted death" & "assisted dying" are not defined in survey. Can we be sure that respondents have understood exactly what they mean? Perhaps so, in light of the
comprehensive public debate in Canada in recent years. However, the study was performed at a relatively early stage of this debate (late 2015). Notably, in many countries both health professionals and laypeople display marked confusion about these concepts, and may have difficulty grasping the distinction between assisted dying and treatment-limiting decisions. Thus, some survey respondents may express sympathy towards legalization of assisted dying when in fact thinking of treatment-limiting decisions.

Response 1.4

At the time of our survey administration, all participants had at least one formal educational session on medical assistance in dying as a part of the official medical school curriculum. We therefore feel reasonably confident that they would have a clear understanding of the definitions used in the survey. Furthermore, several questions in our survey are explicit about the involvement of the physician in assisted dying. For the sake of readers, we have added to our introduction a definition for medical assistance in dying.

Reviewer 1 Comment 5

In Tables 1 & 3 medians are given, but I think means would be more informative. In my experience, it is more common to present means in these contexts.

Response 1.5

We have changed these tables to reflect the means rather than the medians, and have also reorganized the variables in Table 3 from largest to lowest mean value.

Reviewer 1 Comment 6

On p. 11 you state that your respondents were more supportive of assisted dying than Canadian physicians. However, the exact numbers would be highly pertinent here and should be given - with the citation. The willingness poll is from 2011 - is there no up-to-date survey? In my view it would also be helpful to compare your findings with The Netherlands and Belgium. Are the Canadian students more or less often willing to participate in assisted dying than these physicians are?

Response 1.6

We have found and updated our manuscript with a follow-up poll of Canadian physicians from 2015, which provides a better comparison of physicians and medical students as, like our study, it was conducted after the ban on medical assistance in dying was struck down by the Supreme Court of Canada. This poll supports our assertion that there is a difference in stances between
practicing physicians and current medical students. While a comparison of our findings with the Netherlands and Belgium may add value to the manuscript, we also fear we would poorly equipped to give insight into the differences between these populations and Canada’s, which would weaken our overall analysis. Therefore we have not included this data.

Reviewer 1 Comment 7

You ask about access to palliative care. However, is that a topic that early-stage medical students can be expected to have a qualified opinion on?

Response 1.7

As clarified above, our study includes medical students at early and late stages of their training. We feel that students do have a valid opinion in regards to both palliative care and assisted dying, and the medical curriculum provides education on these subjects. It may be noteworthy that in comparison to their first year counterparts, fewer students in their final year of study provided 'unsure' responses to the question about the adequacy of palliative care, and more thought that palliative care was inadequate, although this data is not included in the manuscript.

Reviewer 1 Comment 8

In question 13 you ask "What content would you find helpful in your formal medical education to prepare you for end-of-life and assisted death decisions?" I was surprised to see that ethics teaching was not one of the alternative answers.

Response 1.8

The reviewer raises a valid point about the importance of including ethics teaching as an option for this question, and we regret not including it.

Reviewer 1 Comment 9

And a minor quibble: In question 8 respondents were to rate the importance of different factors in deciding their stance on assisted dying. Here, "personal morals" is the only alternative that pertains to ethics. Describing moral views as "personal" could be read as an implicitly relativistic stance on ethics. (A traditional view of ethics is that a moral view of assisted dying would not be "personal", but would aspire to universal truth.)

Response 1.9
We now recognize this as a weakness, and have therefore added a statement to this effect at the end of our limitations section.

Reviewer 1 Comment 10

Finally, it might interest you to have a look at some of the work from our own group (though I am not suggesting that you cite it - that should be entirely up to you). I am thinking in particular of our BMC Medical Ethics article which showed the influence of questionnaire design and question wording: Magelssen et al. "Attitudes towards assisted dying are influenced by question wording and order: a survey experiment". BMC Medical Ethics 2016; 17: 24. We have also surveyed the attitudes of medical students: Nordstrand MA et al.: [Medical students' attitudes towards legalisation of euthanasia and physician-assisted suicide] Tidsskr Nor Laegeforen. 2013 Nov 26;133(22):2359-63. doi: 10.4045/tidsskr.13.0439 & Nordstrand SJ et al. "Medical students' attitudes towards conscientious objection: a survey". Journal of Medical Ethics 2014; 40: 609-612.

Response 1.10

We would like to thank the reviewer for these article recommendations. We have reviewed them with interest. The findings regarding survey wording and framing were particularly insightful and we will bear these in mind in our future research. Unfortunately, we are unable to accurately assess how our particular wording may have influenced responses as we cannot easily follow up with participants at this juncture. The articles regarding medical students’ attitudes were appreciated, and it was striking to see that their opinions about assisted dying and euthanasia were more opposed as compared to the Canadian students in our study. We were especially interested in student opinions on conscientious objection and regret not including it in our own survey. As we state in our discussion, it is difficult to compare the differences in study samples internationally due to the local legal, social, religious contexts, etc. that influence this controversial subject, and so we do not feel qualified to speak to them in more detail. That being said, we are glad to have reviewed the articles provided to us.

Reviewer 2 Comment 1

The manuscript which aimed to assess medical students’ views on MAID in a Canadian medical school after the Supreme Court of Canada struck down the ban on MAID may attract interest of some medical students and Canadian medical school educators.

In addition to limitations for cross-sectional surveys, the study presents a superficial look for the views of medical students in a single undergraduate medical program. When evaluated as a
whole, some interesting conclusions can be made such as supportive attitudes of students the practice of MAiD and high impact of the concerns about patient autonomy.

The background is very well written. However, the reliability and validity of the data through questionnaire is doubtful.

Response 2.1

We appreciate the reviewer’s analysis of the strengths and weaknesses of our manuscript in its current form. We agree that our study may be of interest to medical students and educators, and suggest that there may be also be interest from practicing physicians and laypeople. This is considering the active dialogue occurring in current Canadian public and medical spheres, and the apparent divide in opinions between medical students and physicians, which may be a surprising finding for local and international readers.

We also agree that the points mentioned by the reviewer – namely the supportive attitudes of students and the impact of concerns about autonomy – are significant and believe that these are well emphasized within our paper as it currently stands. Revisions that we have made in response to the first reviewer's comments, such as the new inclusion of 2015 data about the attitudes of practicing Canadian physicians, may add further strength to this discussion.

We acknowledge the limitations inherent in a single-institution study as well as a cross-sectional survey, which may yield more superficial findings than alternative methods. We have mentioned these limitations within our manuscript. We note that the reviewer states that, 'the reliability and validity of the data through questionnaire is doubtful,' yet are unsure precisely these could be improved given the nature of our data set.

Reviewer 2 Comment 2

In addition the manuscript looks like as if raw data was presented. I think the authors should review and summarize methods, results and discussion sections and rewrite the manuscript emphasising important findings.

Consequently although superficially, the manuscript states some facts that may be useful for the readers of interest. However, there is still a space for the improvement to underline the findings which led me to propose that the manuscript may be published as a brief report rather than as a research paper.

Response 2.2

Although the manuscript does present some 'raw data' within the tables and text, this is by no means an exhaustive list of all data collected. Throughout the research and writing process we have been selective in choosing data which is most pertinent and interesting. We understand the
reviewer's concern that our data and writing could be further summarized and published as a brief report. However, we respectfully feel that this may compromise the reproducibility of our study, and detract from our findings and the analysis that puts them in context. Therefore, we have not made changes to the data or written material based on the feedback presented here, and believe that this study would be best presented as an original research article.