Reviewer’s report

Title: Assessing Attitudes Towards Medical Assisted Dying in Canadian Family Medicine Residents: A Cross-Sectional Study

Version: 0 Date: 20 Sep 2019

Reviewer: Klaus Bally

Reviewer's report:

Thank you for the opportunity to review this manuscript. As a general practitioner with palliative care experience and also experience in the field of medical end-of-life practices in Switzerland, I relate to the content. Regarding the statistics, I would like to ask you politely to obtain a statement from a suitably competent specialist. It is an interesting study, based on established surveys, which could be carried out multicentrically and seems therefore reasonably conclusive despite the low response rate.

Since the willingness to participate in MAID is in the foreground I would have welcomed if the legal basis (euthanasia - medically assisted suicide) and everyday practice in Canada had been briefly outlined for readers not from Canada; for example what is the prevalence of different medical end-of-life practices in Canada, in this context I asked myself, why withdrawal of treatment as a passive form of MAID was asked in the survey, but not taking into account hastening of death by intensified alleviation of pain / symptoms. Also, what it means concretely to "participate actively in PHD" should be outlined more in detail for readers who are unfamiliar with Canada practices.

I am somewhat surprised that declaring a patient dead and filling out a death certificate is equated with palliative care experience. These activities, unlike conversations with the family after death, have only marginally to do with palliative care and, in my opinion, based on these data one cannot conclude that residents with "experience in palliative care" are more willing to prescribe a lethal drug or to administer a lethal injection. Here, one would probably have to write that residents, who are familiar with the occurrence of a death in their professional environment, are more willing to prescribe a lethal drug or to administer a lethal injection. In fact, one would expect residents with a real experience in palliative care (multidimensional access, focus on quality of life, anticipation of problems, early involvement of relatives) to be less likely to actively participate in active forms of MAID.

Unfortunately, only religiosity has been studied as a barrier to participation in MAID and not residents concerns for their own psychological well-being, conflicting personal values or their understanding of their professional role.

Of course, other reasons given in the literature (see for example Otte I. "We need to talk!" Barriers to GPs' communication about the option of physician-assisted suicide and their ethical implications: results from a qualitative study. Med Health Care Philos. 2017 Jun;20 (2):249-256.) can now no longer be investigated; but it would make sense to point out in the text that one has deliberately confined oneself in this study to religiosity.
Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Yes

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

Yes

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
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I recommend additional statistical review

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