Reviewer’s report

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

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Reviewer: Marie-Eve Bouthillier

Reviewer's report:

This study examines the attitudes of medical residents towards medical assistance in dying and seeks to determine the factors that contribute to participation in assisted dying.

This article is important, especially in the context of Canada's agenda to broaden the criteria for access to medical assistance to die. It is therefore important to better understand the factors that motivate physicians to participate in medical assistance to die. Refusal to participate, in the form of conscientious objection or otherwise, or the willingness of physicians to participate are often overlooked in discussions and decisions on the legalization/decriminalization of medical assistance to die or on the expansion of criteria. Empirical data on these aspects are needed. I congratulate the team for their research efforts.

My main comment concerns the concept of MAID. This must absolutely be rectified throughout the article. I do not find a clear definition of MAID in the article. In the abstract, it says: « Attitudes towards the active provision of MAID (e.g., hastening death by lethal prescription or injection) are unknown among Canadian residents. This study examined residents’ attitudes towards MAID and identified factors (e.g., demographics, palliative care experience) that may influence their decision to provide MAID.

But in the article, the authors seem to include several activities in MAID (Withdraw Treatment, Participate in PHD, Prescribe Lethal Drug and Administer Lethal Injection), which can create or fuel a certain confusion, already well established in clinical settings.

When the authors say that residents are less likely to participate in MAID, what exactly are we talking about? End-of-life care in general? Euthanasia? Discontinuation of treatment? Not offering a treatment that would sustain life (e.g. a ventilator)? Continuous palliative sedation? Palliative care? Assisted suicide - that includes giving the knowledge about how to suicide and prescribing lethal drug? Injecting morphine into a patient with the intention of accelerating death and/or relieving suffering?

Plus, what does participation in PHD include? Evaluating the patient for MAID eligibility according under Bill C-14? Preparing the medication? This needs more precision.

Those concepts are different and imply different actions. It is important to establish the categories/definitions clearly at the beginning of the manuscript, and stick with it until the end.
Moreover, the authors do not seem to have asked any questions about continuous palliative sedation. Why such an omission?

The distinction between active and passive MAID is insufficient. Referring to passive and active euthanasia are somewhat outdated names in our opinion. These «MAID» activities must be seen in a clinical continuum of end-of-life care, and the authors should define all concepts accordingly. My recommendation would be that the authors use definitions consistent with the scientific literature or Bill C-14.

I consider this a major revision and it should be corrected throughout the text (results, discussion) for clarity and to limit confusion.

Specific lightening points:

p. 4 line 13 «Yet, studies in the U.S. and Canada indicate that residents may not be receiving adequate training in providing end-of-life care, nor are they taught the medical ethics of providing care to a potentially non-autonomous, dying patient (2-4)»

It is not clear to me what do the authors mean by «the medical ethics of providing care to a potentially non-autonomous, dying patient». Please clarify.

p.4, line 22 «Similarly, in Mexico, residents have limited support (12-55%) for MAID, but would be more willing to participate if it were legal in the country (10-12)»

This sentence needs clarification. This is again related to the lack of a clear definition for MAID and related terms in the manuscript.

p.5, line 22 «Describe Canadian family medicine residents' attitudes towards the active provision of MAID (i.e. PHD).»

It seems that you are not only providing results for active provision of MAID, but also prescribing and the passive form of MAID as you described.

p.11, line 13 «Overall, 40.9% of the residents surveyed expressed they would actively participate in PHD for a patient who qualifies for MAID in Canada. Lower agreement to participate was found with increased intensity of involvement in the active provision of MAID. What is the difference between active participation in PHD and active provision of MAID? These statements should be made clearer.

p.11, line 17 «only a few palliative care activities remained statistically significant. »

The palliative care activities are specified in the abstract but not in the manuscript. Why?

p.13, line 18 «Residents in our study were more agreeable to participate in MAID than physicians in Canada (40.9% vs. 29%) (1) and less agreeable than Canadian medical students (61%) (19). I am uncomfortable with this comparison that seems to compare different things (this study active and passive MAID vs the other study only active MAID).
«According to results of a CMA member survey presented at the meeting, many doctors remain opposed to assisting in a patient's suicide. Only 29% of those surveyed said they would consider providing medical aid in dying if requested by a patient, 63% would refuse outright and 8% were undecided. » https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4577361/ Consulted September 23th 2019

Be careful with the data from Quebec on the prescription of lethal drugs, although legal in Canada, assisted suicide is not allowed in Quebec only euthanasia, so residents may be more reluctant to do so due to this prohibition. I saw that the data were not in the Table, but this could be explained in the manuscript.

There is redundancy in the presentation of results in some places. This aspect needs to be reviewed. For example :

P.12, live 20 « Female residents were less likely to be willing to prescribe a lethal drug than their male colleagues.»
And
P.12, line 1 « and that females were less likely to prescribe a lethal drug than males. »

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

No

Does the work include the necessary controls?
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