Reviewer’s report

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

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Reviewer: Mathieu Bernard

Reviewer's report:

In my opinion, this paper focus on an important topic with essential clinical implications. I express below some questions arising from the reading of this article according to each section. I am not an English native speaker and I apologize to the authors and editors for my sometimes approximate English in this review.

Background

1. p.1, l.14-26; the different forms of administration of medical assistance in dying should be detailed in the background (withdraw treatment, participation in PHD, prescription of lethal drug, administration of lethal injection).

2. p.1, l.14-26; for non-Canadian readers, a brief explanation of content and implications of the Bill C-14 should be added, as the major changes pre-post the Bill C-14 introduction.

3. p.1, l.50-58; what do they author mean by "limited support"?

Methods

1. p.6, l.20-23; why did the authors not include the PGY3 residents?

2. p.7, l.6-7; what do the authors mean by "grant permission to distribute our survey"?

3. p.7, l.10-14; independently of the exposure to palliative care activities, did the authors assess id the residents had a specific training in palliative care?

4. p.7, l.14-19; concerning exposure to palliative care activities, what was the rationale to take into account only these specific activities? Why did the authors not consider other
important palliative care activities, like addressing psychological or existential issues in the end of life, helping patients or relatives to realize advance care planning or anticipated directives? These aspects could also influence the attitudes towards the difference forms of medical assistance in dying.

5. p.7, l.34-58; what kind of analyses were used for the proportions differences according to the demographic variables when considering the MAID statements? They should mention it.

6. p.7, l.34-58; why do they authors state that there is a limited sample size? There is approximately 240 participants, if I am not wrong, and this sample size (approximately 240) doesn't appear to me as a "small sample size"? Were there other reasons to decide to collapse the responses of the residents regarding their MAID participation, acknowledging that collapsing data for analyses often involves reduction and simplification?

7. p.7, l.54-57; what was the logic to differentiate the palliative care exposure with these three categories? Because of the distribution of the number of patients mentioned by residents?

Results

As a general comment, I would suggest to avoid as much as possible the redundancies between the content of the text and the content of tables and figures. Would it be possible to mention in the text a synthesis of the most salient and significant results, without adding, as far as possible, the percentages, OR, and p-values if they already are in the tables and figures?

I would also report the number of participants considered for the logistic regression analyses and the confident intervals in both the tables 2 and table 1 of the supplemental material.

1. p.10, l.26-50: when looking at the predictors of residents' participation, why did the authors not include the residents' age, and the PGY in the regressions analyses?

2. p.11, l.1-9 and p.25, supplement table 1: I am not sure to well understand this table. Is it correct that the authors added the palliative care exposures in the multivariable model in order to assess if the associations highlighted with univariate models (figure 1) were still present? If yes, I would change the title to be more specific. The titles are currently the same for the table 2 of the article and the table 1 of the supplemental material.
3. p.22, table 1: please explain PGY under the tables, as you did with PHD.

4. p.25; supplement table 1; why did the authors insert twice "prescribe lethal drug" and not all the MAID activities like in table 1? I would also suggest to report the results for "tell a patient they will die soon" and "talk to a family after death", even if it's not significant results, in order to be coherent with the results of demographic variables which are all included in the table.

Discussion

In general, I find that the discussion does not refer enough to ethical aspects or principles to comment and explain the results. Because this article was submitted to BMC Medical Ethics, I would find interesting to use ethical arguments to discuss the results and also to add potential implications for future training and support for young family residents in order to gain and acquire more self-confidence.

1. p.12, l.11-46; an important point of the results concerns the effect of religion on participating in MAID activities. I would find interesting to more develop (i) why is it more ethically challenging for religious residents to participate in MAID activities and (ii) what could explain the differences between Christianism and other religions.

2. p.12-13; concerning differences between male and female and beyond the fact that there is an inconsistency between the studies, would it be possible for the authors to make hypotheses that could explain why women residents are less likely to participate in MAID activities in their specific residents population?

3. P.15, l.12-18: again I am not sure that a sample size of n=247 is a small sample size. In addition, the authors mention the low response rate as a limitation. Perhaps there is also a selection bias in this study. Maybe the more religious residents are more likely to participate in such study since assisting dying represents a very sensitive topic given their beliefs and values. What do they authors think about it? Is the proportion of the Christian residents in this study representative of the general population in Canada or the Canadian physicians' population? To what extent this bias may have influenced the results?
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.

No

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If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I am able to assess the statistics

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