CSPCP MEMBER SURVEY October 2017
MEDICAL ASSISTANCE IN DYING (MAiD)

RESULTS
February 2018

Purpose

In October 2017, the Canadian Society of Palliative Care Physicians (CSPCP) conducted a survey of its members regarding Medical Assistance in Dying (MAiD). The purpose of the survey was to help the CSPCP Board to accurately represent members' views and to guide future actions.

Response rate

The survey was sent to 398 Full/Active members. 213 responses were received (54%).
It was also sent to 39 Resident members. 11 responses were received (28%).

Report format

The results are presented in four parts:

- Part A. Current experience with MAiD
- Part B. Opinion about expanding the eligibility requirements for MAiD
- Part C. Role and priorities for the CSPCP
- Appendix. Thematic analysis of comments

Important notes

The **data** in this report includes responses for Full/Active members only. Responses from Resident members are reported **qualitatively** due to the small number of respondents. Statistical significance cannot be assumed so data is not reported.

A thematic analysis of comments was conducted for questions where the number of comments was sufficient for thematic groupings. The themes are presented in the appendix.

PART A: CURRENT EXPERIENCE WITH MAiD

Q1. How would you describe your current involvement in MAiD? Select all that apply: 213 responses. 0 skipped.	
Answer Choices	
I see pediatric patients only, so MAiD does not apply	2%
No patients in my care have requested MAiD	6%
Upon receiving a request for MAiD, I transfer all care to another physician	3%
Upon receiving a request for MAiD, I explore the request	80%
Upon receiving a request for MAiD, I provide information about MAiD	74%
Upon receiving a request for MAiD, I refer my patient for an assessment for MAiD	53%
I act as a MAiD assessor for patients under my care	21%
I act as a MAiD assessor for patients referred to me	11%
I provide the MAiD procedure to patients who qualify who are under my care	8%
I provide the MAiD procedure to patients who qualify who were referred to me	7%
Other (Specify):	13%

Respondents were asked to select all that apply. Additional analysis shows:

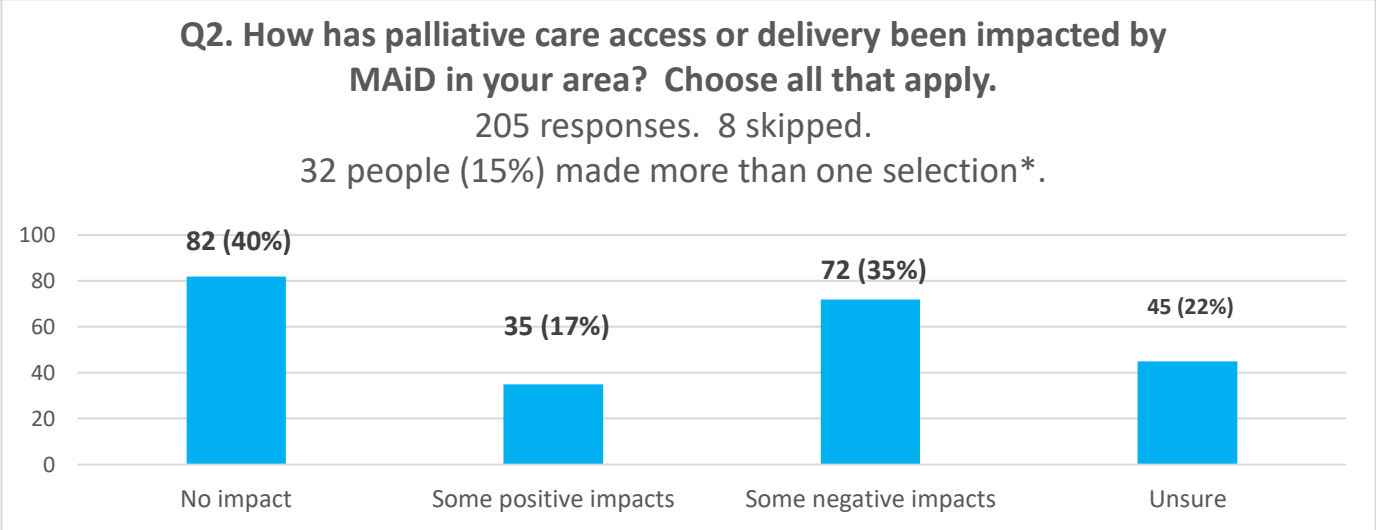
The number of respondents conducting MAiD <u>assessments</u> is 46 (22%).

- 44 respondents (21%) indicated that they act as MAiD assessors for patients under their care. 22 of these 44 respondents indicated that they also act as MAiD assessors for patients who are referred to them.
- 2 respondents indicated that they act as MAiD assessors for patients who are referred to them, but not for those under their care.

The number of respondents providing the MAiD <u>procedure</u> is 17 (8%). The calculation is as follows:

- 17 respondents indicated that they provide the MAiD procedure to patients who qualify who are under their care. 15 of these 17 respondents indicated that they also provide the MAID procedure to patients who qualify who were referred to them.

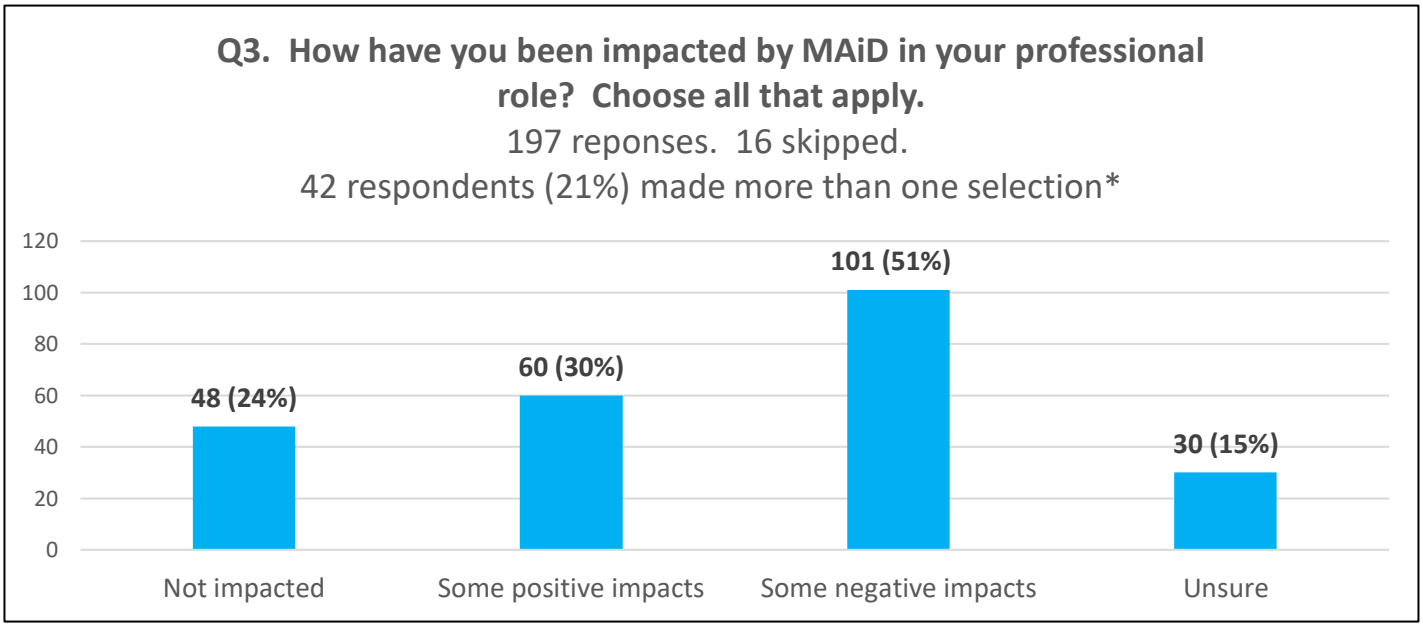
Residents: There was no significant difference between responses from Residents and from Full/Active members.



*Of the 205 respondents, 32 (16%) made more than one selection, which was most frequently a mix of positive and negative impacts.

109 respondents (53%) provided comments. For thematic analysis, please see the Appendix.

Residents responded either “No impact” or “Unsure”.

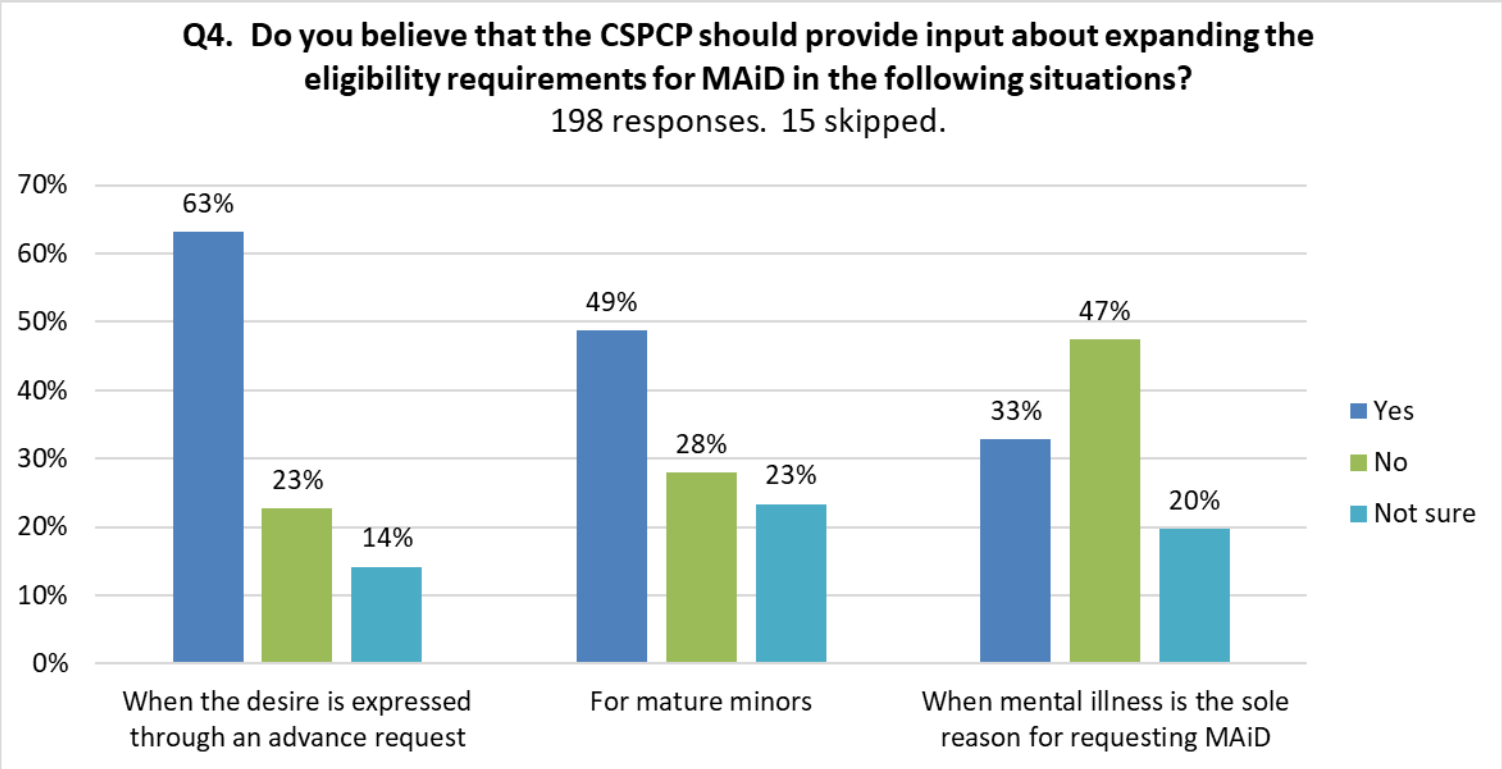


*Of the 197 respondents, 42 (21%) made more than one selection, which were most frequently a mix of positive and negative impacts.

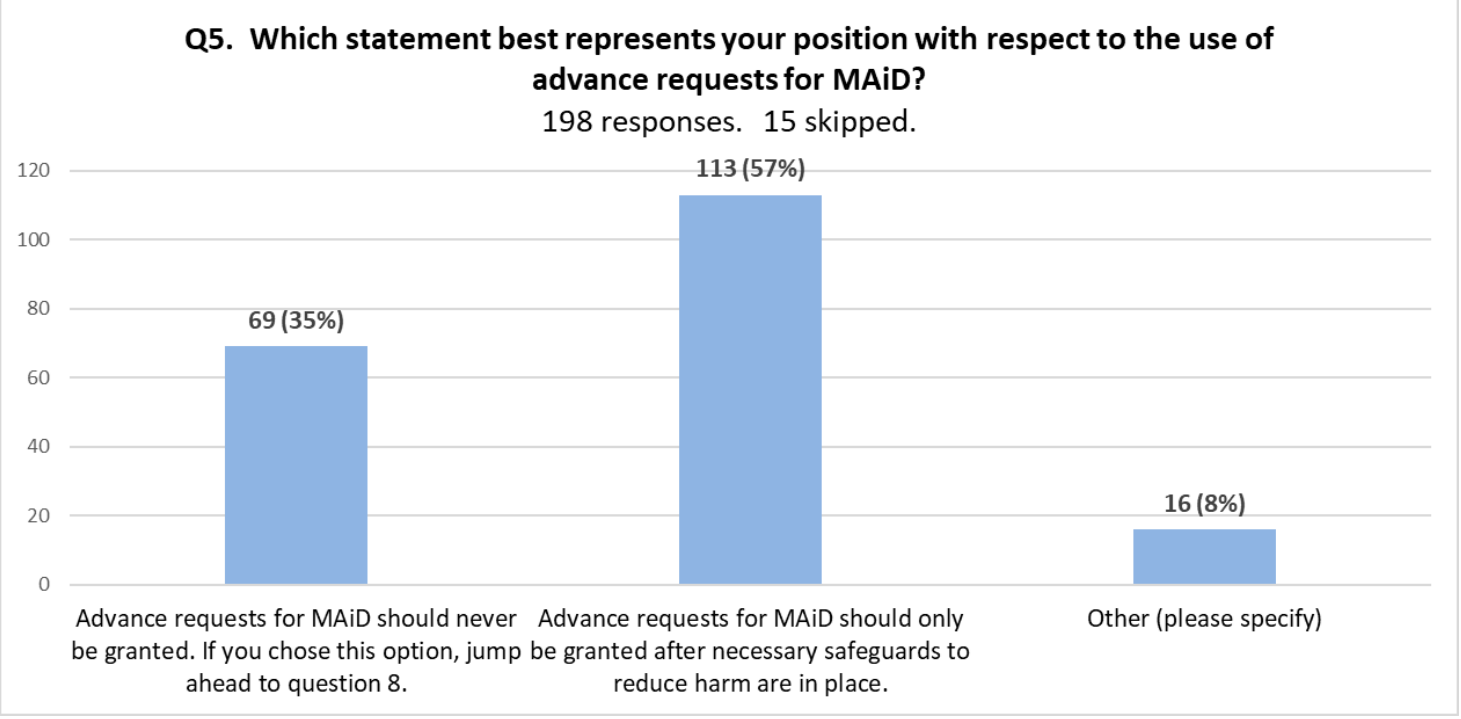
136 respondents (69%) provided comments. For thematic analysis, please see the Appendix.

Residents responded either “No impact” or “Unsure”.

PART B: OPINION ABOUT EXPANDING THE ELIGIBILTY REQUIREMENTS FOR MAiD



Residents tended to be more in favour of providing input regarding mature minors and mental illness than full/active members.



Residents: There was no significant difference between responses from Residents and from Full/Active members.

The 69 respondents who chose “Advance requests for MAiD should never be granted” were asked to skip Question 6 and Question 7.

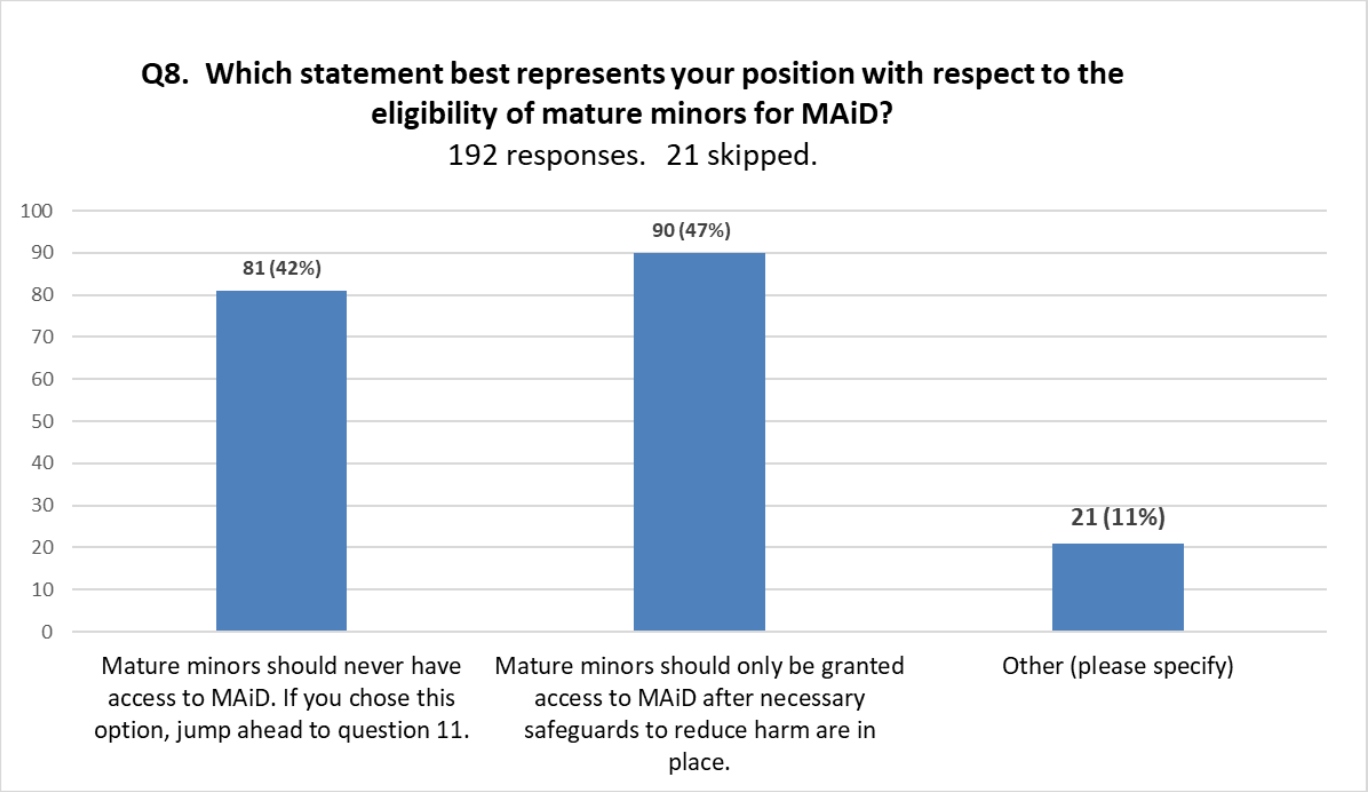
- 55 these respondents skipped Question 6 as directed. 14 answered it.
- 53 of these respondents skipped Question 7 as directed. 16 answered it.

Q6. What safeguards to reduce harm do you believe are necessary before MAiD can be granted as a result of an advance request? 140 responses. 73 skipped.	
Answer Choices	
Robust, evidence-based best practices for advance care planning processes must be in place	82%
Robust, evidence-based best practices for determining competence must be in place	81%
Public education on death, dying and options at the end of life must be available	90%
Availability of palliative care, home care, and appropriate healthcare subspecialists must be equitable and accessible	90%
Robust local palliative care services must be available	86%
Adequate support for caregivers and substitute decision makers must be available	84%
The referral system for MAiD must be sustainable	74%
Measuring, monitoring, and reporting of requests and outcomes for MAiD must be in place	81%
Measuring, monitoring, and reporting of causes of intolerable suffering for people requesting MAiD must be in place	69%
Measuring, monitoring, and reporting about availability of alternatives such as palliative care, social services, and respite must be in place	76%
National criteria for designation, identification and certification of the substitute decision maker (who will give the final “go ahead” for the procedure to take place) must be in place.	78%
Legislation protecting the medical personnel from litigation when they follow written instructions to provide MAiD must be in place	86%
Other safeguards (describe):	14%

Residents: There was no significant difference between responses from Residents and from Full/Active members.

Q7. If all the necessary safeguards were in place to reduce harm for MAiD by advance request, what would be your anticipated level of involvement? 140 responses. 73 skipped.	
Answer Choices	
I don’t provide care to adults and would not be involved	4%
I provide care to adults and I don’t know how I would be involved	13%
I provide care to adults and would not provide an assessment or the procedure for MAiD	47%
I provide care to adults and would be willing to consider doing an assessment for MAiD	29%
I provide care to adults and would be willing to consider providing the MAiD procedure to patients who qualify	8%

Residents: There was no significant difference between responses from Residents and from Full/Active members.



Residents: There was no significant difference between responses from Residents and from Full/Active members.

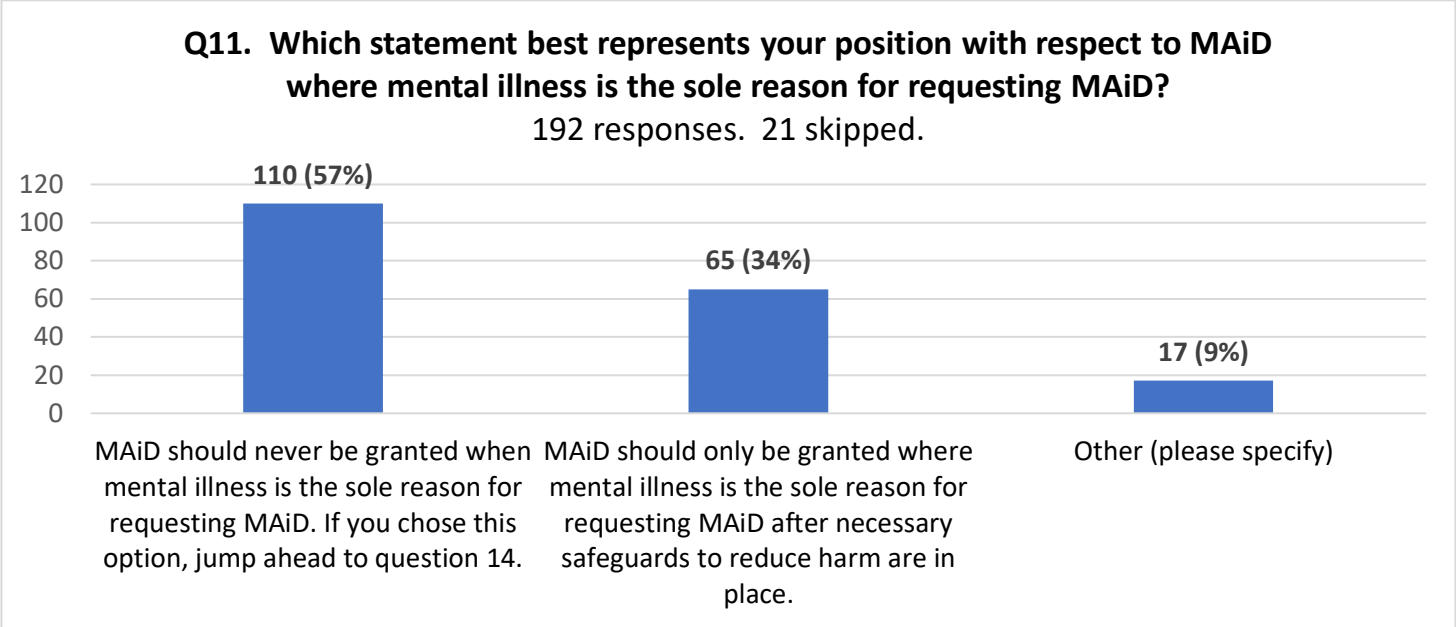
The 81 respondents who chose "never be granted" were asked to skip Question 9 and Question 10.

- 68 of these respondents skipped Question 9 as directed. 13 answered it.
- 66 of these respondents skipped Question 10 as directed. 15 answered it.

Q 9. What safeguards to reduce harm do you believe are necessary before mature minors could be granted MAiD? 119 responses. 94 skipped.	
Answer Choices	
Robust, evidence-based best practices that support a mature minor's ability to consent must be established	88%
Robust local palliative care services must be available	89%
Support services (e.g., home care) must be available for the patient and family	84%
Support services (e.g., bereavement support) are available for the patient's loved ones	84%
Measuring, monitoring, and reporting data about availability of alternatives (e.g., palliative care, social services, respite) must be in place	80%
Measuring, monitoring, and reporting of all requests and outcomes for MAiD must be in place	83%
Measuring, monitoring, and reporting of causes of intolerable suffering for mature minors requesting MAiD must be in place	76%
MAiD infrastructure/referral system must be in place	78%
Other safeguards (describe):	13%

Residents: There was no significant difference between responses from Residents and from Full/Active members.

Q 10. If all the necessary safeguards were in place to reduce harm for MAiD in mature minors, what would be your anticipated level of involvement? 125 responses. 88 skipped.	
Answer Choices	
I don't provide care to children and would not be involved	56%
I provide care to children and I don't know how I would be involved	9%
I provide care to children and would not consider providing an assessment or the service for MAiD	23%
I provide care to children and would be willing to consider doing assessments for MAiD	9%
I provide care to children and would be willing to consider providing the MAiD procedure to mature minors who qualify	3%



Residents tended more toward granting MAiD if necessary safeguards to reduce harm are in place.

The 110 respondents who chose "never be granted" were asked to skip Question 12 and Question 13.

- 96 of these respondents skipped Question 12 as directed. 14 answered it.
- 90 of these respondents skipped Question 13 as directed. 20 answered it.

Q12. What safeguards to reduce harm do you believe are necessary before MAiD can be granted where mental illness is the sole reason for requesting MAiD? 90 responses. 123 skipped.	
Answer Choices	
Robust, evidence-based best practices for consent by those with mental illness must be in place	84%
Public education on mental health must be available	83%
Adequate mental health services must be available	90%
The referral system for MAiD must be sustainable	71%
Measuring, monitoring, and reporting of requests and outcomes for MAiD must be in place	73%
Measuring, monitoring, and reporting of causes of intolerable suffering for people requesting MAiD must be in place	73%
Measuring, monitoring, and reporting about availability of supports such as housing, social services, respite must be in place	78%
Other safeguards (describe):	21%

Residents: There was no significant difference between responses from Residents and from Full/Active members.

Q13. If all the necessary safeguards were in place to reduce harm for MAiD in persons where mental illness is the sole reason for requesting MAiD, what would be your anticipated level of involvement? 97 responses. 116 skipped.	
Answer Choices	
I don't provide mental health care and would not be involved	47%
I provide mental health care and I don't know how I would be involved	20%
I provide mental health care and would not provide an assessment or the service for MAiD for these patients	21%
I provide mental health care and would be willing to consider doing an assessment for MAiD for patients with mental illness	8%
I provide mental health care and would be willing to consider providing the MAiD procedure for patients with mental illness who qualify	4%

Residents: There was no significant difference between responses from Residents and from Full/Active members.

PART C: ROLE AND PRIORITIES FOR THE CSPCP

Q14. As a member, what would you like the CSPCP to do to support you with respect to MAiD? Select all that apply: 191 responses. 22 skipped.	
Answer Choices	
Develop statements for policy makers. Please describe the specific topic(s) that you think need to be addressed in the text box below.	61%
Develop statements for the public, including patients, families, media and other health care providers. Please describe the specific topic(s) that you think need to be addressed in the text box below.	60%
Include education sessions with MAiD topics at the Advanced Learning in Palliative Medicine Conference. Please describe the format and suggest any speakers in the text box below.	59%
Create a forum - such as a facilitated peer support group or webinar - where CSPCP members can have respectful discourse about MAiD and provide support to each other, regardless of current involvement with MAiD. Comments/suggestions in the text box below.	54%
Other (please specify)	45%
Nothing – I don't believe CSPCP needs to take action for its members with respect to MAiD	6%

88 respondents (46%) provided comments. For thematic analysis, please see the Appendix.

Residents: There was no significant difference between responses from Residents and from Full/Active members.

Q15. The CSPCP has limited human and financial resources. Please help us prioritize our efforts by reviewing the list of current and potential projects shown below. These projects are in *addition to our core activities* such as the Advanced Learning in Palliative Medicine conference, Montreal Master Class, advocacy for palliative care, awards, communications, committee work, and ongoing input to the development of new credentials. Please select your TOP 3 priorities from the projects listed below. 189 responses. 24 skipped.	
Answer Choices	
Develop stronger supports/networks for family physicians to provide a palliative approach to care	58%
Postgraduate Education – Develop national palliative care competencies for non-palliative care specialists	56%
HR Planning – Quantify how many palliative care professionals are needed to meet the current and future needs of Canadians, support capacity building models	46%
Undergraduate Education – Update existing national competencies for palliative and end of life care for medical students.	34%
Clinical education capacity project - Quantify the number of Canadian medical students who receive clinical training in palliative care at the undergrad and postgrad levels; use the results to advocate for more clinical rotations and residencies	33%
Opioids in Palliative Care –Recommendations and education to support appropriate prescribing, reduce risk of misuse, and to reduce stigma to patients/families/providers	27%
Advocacy and/or support to members regarding MAiD – based on suggestions resulting from this survey	23%
Research – Promote and encourage research in palliative care	21%
Continuous Palliative Sedation Therapy – Provide guidance on policy development	18%
Other (please specify)	5%

10 respondents (5%) provided comments, which have been reviewed by the CSPCP Board.

Residents: There was no significant difference between responses from Residents and from Full/Active members.

APPENDIX: THEMATIC ANALYSIS OF COMMENTS: Questions 2, 3, and 14

Question 2: How has palliative care access or delivery been impacted by MAiD in your area? Choose all that apply.

Response: Palliative care access and delivery have not been impacted in my area (40% of respondents selected this response)

"There has been, and continues to be, excellent Palliative Care delivery in my area"

Those who indicated that access to MAiD has not impacted palliative care in their area expressed a variety of thoughts. While physicians are pleased that patients have greater awareness of their options, some expressed some concerns about resources being diverted to MAiD services while no additional resources are provided for palliative care.

Response: There have been some positive impacts in my area. (17% of respondents selected this response)

"The headlines about MAiD have opened the discussion about access to palliative care and options."

The prevailing positive impact MAiD has had in communities is that it has opened up communication between patients and providers as well amongst providers and in the community. This has improved awareness, not only for MAiD as an option, but also for palliative care options that patients may not have previously considered. This has contributed to continued appropriate palliative care. The discussion has also resulted in both physicians and patients feeling more comfortable discussing and considering options including MAiD.

Another common theme was patient empowerment. Physicians and patients alike appreciate that patients have control over their care and have a greater variety of choices to consider.

Response: There have been some negative impacts in my area. (35% of respondents selected this response)

Quote "MAiD has undermined the delivery of true palliative care."

Those who believe MAiD has negatively impacted access or delivery of palliative care in their community noted primarily a lack of understanding, mostly referring to the patients understanding of what palliative care is and their full range of options.

There was great concern about the risk of inadequate palliative care being available to patients for several reasons, including lack of resources for palliative care (affected to some degree by resources being diverted to MAiD), the onerousness of the MAiD process (which takes time that could have been devoted to providing care), and the refusal of patients to accept effective palliative care for fear they will not be sufficiently lucid to make a decision on MAiD.

There is also concern about the level of stress felt by health care providers as a result MAiD. Some respondents indicated that differing beliefs have affected the atmosphere within treatment centres, that the focus is now more on MAiD and taken away from palliative care, that there is a lack of support for conscientious objectors, and some feel that a degree of professional respect is now lacking among team members.

(APPENDIX: THEMATIC ANALYSIS OF COMMENTS: Questions 2, 3, and 14)

Question 3: How have you been impacted by MAiD in your professional role? Choose all that apply.

General note: While many comments regarding how the physicians themselves have been impacted by MAiD similar comments regarding palliative care access and delivery in Question 2; however, the comments for Question 3 often included the addition of *feelings*.

Response: There have been some positive impacts in my professional role.
(30% of respondents selected this response)

"Some patients have been referred to palliative care because they expressed interest in MAID and subsequently benefited from palliative approach to care"

Respondents felt positive about the fact that the availability of MAiD has resulted in awareness and communication about palliative care options and MAiD. They also noted how the availability of MAiD has resulted in greater access to palliative care as well. Increased referrals due to interest in MAiD has allowed them to discuss all the options with patients, some of whom ultimately do not opt for MAiD after becoming better informed.

Those who offer MAiD expressed a feeling of gratification in that they could provide added value to their patients, giving them more options and added control over how they choose to die.

Response: There have been some negative impacts in my professional role.
(51% of respondents selected this response)

"The time and psychological investments are significant…"

The most frequent negative impact cited was the emotional toll on physicians and other providers in the team – stress, anxiety, sadness, feelings of being judged.

There was also frequent mention of the onerous time-consuming processes that have resulted both for helping patients to receive MAiD as well as explaining all the options to ensure that a patient seeking MAiD is fully informed. Physicians fear that both MAiD patients and non-MAiD patients may sometimes not be receiving appropriate care due to the time required for MAiD processes and the physicians' time being diverted away from palliative care.

Respondents also struggled with helping patients and their families understand all their options when there is too much focus on their right to MAiD. There are misconceptions amongst patients (and other care providers) about what palliative care actually involves.

Physicians also face conflicting personal belief that may not align with patients and colleague. Disrespect, judgment and bullying have resulted in erosion of trust and collegiality. In some cases, there is fear of an eroding relationship with patients when the physician will not provide MAiD themselves.

(APPENDIX: THEMATIC ANALYSIS OF COMMENTS: Questions 2, 3, and 14)

Question 14: As a member, what would you like CSPCP to do to support you with respect to MAiD? Select all that apply:

It was difficult to distinguish which comments applied to which of the selected responses due to the way the comments were captured. When in doubt, it was assumed that comments applied to more than one response option.

Themes are ordered according to frequency of mention.

Response: Develop statements for policy makers. (61% of respondents selected this response)

Respondents indicated the need for policy around the following themes:

- Access to adequate, quality palliative care for all Canadians
- A distinction drawn between what palliative care entails and what MAiD is
- MAiD should not be a part of palliative care
- Adequate resources for high quality, timely palliative care
- Respect and protection for conscientious objectors and others who do not support MAiD
- Mature minors, mental illness, advance directives
- Education around what palliative care is and its effectiveness (for public as well as health care providers)
- Education around end of life care that may include palliative care and MAiD
- Ensuring palliative care is introduced early to ensure quality of life for as long as possible
- The ramifications of choosing MAiD

In addition, several other unique suggestions were expressed.

Response: Develop statements for the public (60% of respondents selected this response)

Respondents' comments regarding developing statements for the public aligned closely with those for policy statements; however, there was a greater emphasis on education of the public.

Respondents indicated the need for public statements around the following themes:

- Education around what palliative care is and its effectiveness (for public as well as health care providers)
- Education around end of life care that may include palliative care and MAiD
- Access to adequate, quality palliative care for all Canadians
- A distinction drawn between what palliative care entails and what MAiD is
- MAiD should not be a part of palliative care
- Respect and protection for conscientious objectors and others who do not support MAiD
- Adequate resources for high quality, timely palliative care
- Palliative care must work with MAiD because MAiD is a reality now
- Respect for diversity of opinions (including supporting the autonomy of those who choose to be involved in MAiD)

In addition, several other unique suggestions were expressed.

Response: Include education sessions with MAiD topics at the Advanced Learning in Palliative Medicine Conference
(59% of respondents selected this response)

Respondents' comments regarding MAiD at the ALPM Conference were varied.
In terms of education session at the ALPM Conference respondents suggested the following topics:

- Education around end of life care including palliative care *and* MAiD, including the effectiveness of palliative care
- No education session focused on MAiD are needed
- Peer support discussions (including for those distressed by MAiD)
- Drawing distinction between MAiD and palliative care
- MAiD is a reality and therefore palliative care must work with MAiD
- Dispelling myths about not taking appropriate medications in advance of MAiD (to remain mentally competent), about palliative sedation or withholding/withdrawing interventions being assisted death

In addition, several other unique suggestions were expressed.

Response: Create a forum
(54% of respondents selected this response)

Due to the way the responses were captured distinguishing between comments intended to apply to the ALPM Conference and creation of forums were virtually indistinguishable. Virtually all comments clearly referring to the creation of forums were unique suggestions.
In general, forums could be established around:

- Education around end of life care including palliative care and MAiD, including the effectiveness of palliative care
- Respect and protection for conscientious objectors and others who do not support MAiD
- Peer support (including for those distressed by MAiD)
- Drawing distinction between MAiD and palliative care

Some of the remaining comments were around various aspects of best practices and processes.

Response: Other
(45% of respondents selected this response)

Other activities the CSPCP could undertake to support members, mostly included advocacy efforts.
Advocacy around:

- Access to adequate, quality palliative care for all Canadians
- Drawing the distinction between MAiD and palliative care
- Respect for conscientious objectors
- MAiD is a reality. How palliative care will work with MAiD.
- Mature minors, mental illness, advance directives
- The effectiveness of palliative care and what palliative care is