

**Article details:** 2022-0224

**Title:** Appraising resources to support patients considering decisions about medical assistance in dying in Canada: an online environmental scan

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**Reviewer 1:** Han Ting Wang

**Institution:** Medicine, Hôpital Maisonneuve-Rosemont

General comments (author response in bold)

1.1 Methods: Would the search method have included hospital websites? If yes were there any hospital websites that gave MAID information? This could be an interesting finding to share with the audience.

**We added in the manuscript that we did not specifically search hospital websites or websites for other healthcare organizations that provide MAID. But we did find resources on hospital websites in our Google search hits.**

**We did not hand search websites for Canadian hospitals, long term care centres, or hospices given the number of organizations in Canada. (page 5, line 15-17)**

**Resources were developed by the federal government (n=3)...., hospitals (n=16) ... (Table 1). (page 8, line 23 to page 9 line 3).**

1.2 Methods: Using the PEMAT tool, which I am not familiar with, I don't fully understand the actionability aspect. Does it mean if the document shares information that the reader can use and afford ground for action? This might be important to clarify better.

**We agree and revised the description of actionability to be clearer.**

**Resources were considered actionable when consumers of diverse backgrounds and varying levels of health literacy can identify what actions are possible to take based on the information provided. (page 8, lines 4-6)**

1.3 Results: It wasn't super clear to me how you ended up with 530 google results. Does it mean you screened 530 website link in the google search webpage?

**Yes, we screened 1666 web pages and revised this in the text.**

**In March 2023, we searched a total of 1666 web hits on Google and 80 were ... (page 8, line 15-16)**

1.4 Interpretation: It is very interesting to see that a significant proportion of tools were not deemed to be patient aids and were difficult to understand and not actionable. One explanation could be that it was not the purpose of those tools. Did the government design them for patient purposes or simply as information tool for government officials or healthcare professionals. The context of the website might share some light on the results.

If all the information tools were not designed with the purpose to be patient centered, I think this is a huge finding and our governments need to act on that. If it was designed being patient oriented, then they clearly missed the mark.

**We agree with your interpretation. We only included resources that were patient-targeted and excluded resources that targeted healthcare providers or policymakers only. We believe that there is an urgency to fill this gap of knowledge.**

**Reviewer 2:** Sanjay Beesoon

**Institution:** Surgery Strategic Clinical Network, Alberta Health Services  
General comments (author response in bold)

2.1 Given that you have not included printed materials that are sometimes not available online, would it be better that the last part of the title be: "An environmental scan of online Canadian resources"

**We agree and have changed our title as suggested by the editor.**

**"Appraising publicly available online resources to support patients considering decisions about Medical Assistance in Dying in Canada: An environmental scan."  
(page 1, line 1-2)**

2.2 Adding a qualified librarian on your team to review and consolidate the search strategy would have been helpful.

**We agree and for the 2023 update we had the search strategy verified by an academic librarian (LS) with expertise in systematic reviews.**

**Our search strategy in 2023 was verified a priori by an academic librarian (LS).  
(page 6, line 6-7).**

2.3 I think you could have made a strong case to set the context why this research is so important for public policy and why should an academic team (who has the skill set to generate robust unbiased evidence and the independence to do this work) best placed to do this work. The social, ethical, political and legal contexts and the COVID-19 environment are important elements that triggered this research.

**Thank you for your suggestion. We revised the background to make a stronger case for this important research study. This study was conceptualized based on MAID services at an academic hospital and not about the COVID-19 environment.**

2.4 Would the introduction of the manuscript have benefitted from some Canadian data on the trends in MAID, stratified by provinces, age, gender etc

**We agree and added the following paragraph:**

**There were a total of 31,664 reported MAID deaths in Canada from 2016 to 2021 with year over year increases.<sup>2</sup> In 2021 alone, MAID accounted for 3.3% of all deaths with the highest proportions occurring in Quebec and British Columbia (4.7% and 4.8% respectively). There were more Canadian men who received MAID (52.3%) compared to women and the average age was 76.3 years.<sup>2</sup> The most common underlying medical conditions were cancer, cardiovascular conditions, chronic respiratory conditions, and neurological conditions; consistent with leading causes of death in Canada. (page 3, line 22 to page 4, line 6)**

2.5 Methodology: (A) It is important to mention who and how the key words were chosen.

**We agree and have added this information as follows:**

**Google Trend allows researchers to streamline their search results by selecting the most popular key words used by the public when looking for information online. Multiple keywords were entered in the search bar of Google Trend by one author (AK). Google Trend indicated that MAID was a common topic in Canadian healthcare in 2020 to 2021 as evidenced by the number of search hits (Figures 1, 2). The output graphs showed a Canadian trend which could be adjusted by time range. (see page 5, lines 20 to page 5 line 3)**

2.6 Methodology: (B) did you use Boolean operators to combine the search terms?

**We did not use Boolean operators as we conducted a grey literature search and did not search medical databases. We have added this in our search strategy. We did not use Boolean operators that are typically used for medical database searchers. (page 6, lines 5-6)**

2.7 Methodology: (C) When you say that Ak did the search AND extracted the data – My question is –“Is there a risk of bias here?”

2.8 Methodology: (4) data extraction – DS and LBP verified the data extraction. What was checked and cross-checked for the verification process?

**We agree that there could have been a risk of bias. For the March 2023 updated search, we had two authors independently conduct the search, assess eligibility and extract the data.**

**Two authors (AK, QZ) independently conducted the searches using.... (page 5, line 19-20)**

**Two authors (AK, QZ) independently assessed identified MAID resources for eligibility. (page 6, line 15)**

**Two authors (AK, QZ) independently extracted the following data: (page 7, line 5-6)**

2.8 The conclusion of the paper should have some reference of this work to inform public policy in Canada.

**We agree and have revised this.**

**Our research findings suggest that developers from national and provincial governments, and healthcare organizations need to improve the quality of MAID resources to better support Canadians with lower health literacy or other languages, and consider ways of structuring the information to help them make this preference-sensitive decision (page 14, lines 3-7)**