

Article details: 2020-0136	
Title	Assessment of capacity to give informed consent for medical assistance in dying (MAiD): a qualitative study of clinicians' experience
Authors	Ellen Wiebe MD, Michaela Kelly, Thomas McMorro DCL, Sabrina Tremblay-Huet, Mirna Hen-nawy
Reviewer 1	Dr. Abraham Rudnick
Institution	Department of Psychiatry and Behavioural Neurosciences, McMaster University, Hamilton, Ont.
General comments (author response in bold)	<p>This paper is a well written report about a fairly well-done study of MAiD assessors in Canada, using a qualitative (semi-structured individual interviews) methodology. The data collection and analysis are overall sound. My few comments are listed below:</p> <ol style="list-style-type: none"> 1. In the Introduction section, spell out the full term (in words) when the MAiD acronym is first used. We have made this change. 2. At/near the start of the Methods section, clarify the overall methodology used (likely phenomenology). We aren't using the word phenomenology for our analysis, but we have clarified our abductive reasoning approach in our analysis section. 3. In the Methods section, clarify why the unusual data analysis initial process of themes to codes (rather than the more usual data analysis initial process of codes to themes) was used, and in the Interpretation section's limitation part address what may be a limitation of this unusual process (recognizing that the move from themes to codes or from codes to themes is typically iterative, so that themes can inform codes and codes can inform themes). We have clarified that we did the analysis in an iterative way so that overarching themes first informed codes, then codes informed themes: Throughout analysis, we used abductive reasoning to "zoom out" to look first at the whole picture and identify the areas that were most important to the participants (20-21). Then we "zoomed in" to discuss coding and reach consensus on a codebook. When data collection was complete and we had reached theme saturation, MH and MK completed the coding and then we all met to discuss and review the coded transcripts. Finally, we "zoomed out" again, using the codes to define themes and sub-themes until we arrived at a consensus.
Reviewer 2	Dr. Kenneth Chambaere
Institution	End-of-Life Care Research Group, Vrije Universiteit Brussel, Brussels, Belgium
General comments (author response in bold)	<p>ABSTRACT</p> <ol style="list-style-type: none"> 1. in methods: "...how clinicians assessed capacity in people requesting MAiD, what challenges they had encountered and what tools they used" >> perhaps to be integrated in the aim (background) Thank you for this suggestion. We have included these details in our objective. 2. results: "They described how they approached assessing non-verbal and other challenging cases." >> perhaps substitute with info on how they approached this? We have added this to the text because there was not space in the abstract.

GENERAL

1. The participants all seem to be highly experienced MAID assessors, and therefore your sample probably underrepresents assessors with much less experience. This is a limitation of the study, but not one that invalidates the results if you specify your sample as experienced assessors. Perhaps the title can even be changed to reflect this. It does have important implications for the results, eg feeling confident/comfortable to assess capacity, not needing to refer, etc
We agree that it's an important limitation and have addressed that in the discussion.

INTRODUCTION

1. I would add a statement about why this study is important, and for whom. How may the world benefit from this analysis? I can definitely see it, but it's always best to make it explicit from the off.

We have added: This information is important for both training new assessors and informing policy.

METHODS

1. "We reached theme saturation early, but continued to recruit until we had a range of geographic and professional representation. The only inclusion criteria were experience as a MAiD assessor and availability for interviews." >> this statement is not positioned correctly, it should be under analysis.

We have moved this from the results to the analysis section of the methods.

2. I'm not familiar with "abductive reasoning", let alone in qualitative research. Please explain the principle here?

We have explained this more fully using "zoom in" and "zoom out": Throughout analysis, we used abductive reasoning to "zoom out" to look first at the whole picture and identify the areas that were most important to the participants (20-21). Then we "zoomed in" to discuss coding and reach consensus on a codebook. When data collection was complete and we had reached theme saturation, MH and MK completed the coding and then we all met to discuss and review the coded transcripts. Finally, we "zoomed out" again, using the codes to define themes and sub-themes until we arrived at a consensus.

RESULTS

1. could the authors give an overview of the extracted themes at the start of the results? also, provide an overarching name or label per theme. These are not clear for me at all.

We have added an overview paragraph: There were three major themes and two minor themes. The major themes were (1) using conversation to assess capacity, (2) strategies to cope with challenges and (3) patients losing capacity due to terminal delirium. The minor themes were using intuition to assess capacity and dealing with concurrent mental illness.

2. as an example: Box 1 gives more information than just their comfort in assessing; it's also about how they go about it and their use of a tool. Is this all one and the same theme? "comfort in assessing"? if so, not sure whether this is entirely coherent, or subject to fleshing out

	<p>We have made this clearer by redefining this theme as the participants use of conversation to assess capacity.</p> <p>INTERPRETATION</p> <p>1. second paragraph introduces new information, needs to be moved to results. Even seems like a new theme, being sensitive to fluctuation and influence of conditions!</p> <p>We discuss fluctuating capacity in the paragraph introducing Box 2 (strategies for coping with challenges).</p> <p>2. overall, too much summarising of results and too little reflection about the implications; what do the findings tell us about practice and/or policy needs? how does this compare to existing research, including elsewhere in the world? Eg there is a persistent debate about the complexity and even impossibility of assessing capacity under certain conditions. Or what about arguments relating to the absolute need for assessment tools? Where does your research land on these issues?</p> <p>We have added: The importance of these findings are that specific tools are not necessary to assess capacity to consent to MAiD and that experienced clinicians are comfortable assessing in a wide range of cases. New assessors can learn from the strategies these clinicians used in challenging cases.</p>
Reviewer 3	Dr. Rana Aslanov
Institution	Epidemiology, Memorial University of Newfoundland, St. John's, Newfoundland and Labrador
General comments (author response in bold)	<p>I reviewed your article and found it very interesting for all kind of readers. You gave a voice to MAiD assessors to share their experience and challenges in this very sensitive and important part in life of individuals and their families when it is coming to the time to make a MAiD decision.</p> <p>I've provided my comments to the Editor and asked to share them kindly with you. [Editor's note: please see below.]</p> <p>Thank you for your research and manuscript. Good luck with your future projects!</p> <p>Comments to editor</p> <p>This is a small sample size qualitative study, and it is a common practice in healthcare research to use aid of the graduate students even though their experience in that particular topic is very limited (COREQ assessment, items 6-8).</p> <p>I found that this small sample of participants was very well diverted by participants' occupation, MAiD assessment experience, geographic location, age and sex, regardless a low response rate of 16.7%. The other benefits included different methods used in approaching the study participants. The study background, rationale and design are appropriate and adequate to authors research question.</p> <p>However, there are some areas that desired to be revised and extended by authors.</p> <p>1. The outcomes were presented, in my opinion, partially and did not reflect some very important themes, such as:</p>

-Disagreement between two assessors about capacity of patients
-Any adverse ramifications due to the uncertainty of patients capacity (e.g., conflicts with family or legal)

We asked about these issues but they were not important themes for our participants.

2. It would be also helpful to know about participants' training and their choice to become a MAiD assessor.

We have included their backgrounds but we do not have details about their decisions to become MAiD assessors.

3. The authors did not provide a second Letter of Contact that was addressed to 13 participants in order to elaborate their experience with mentally challenged patients.

This was not required because our initial consent included follow-up interviews.

4. Table 1 has a typo error and there is no info about participants' gender.

We've added gender to the table and corrected the typo.

5. With the outliers in age of participants, the median value of age would be more appropriate to present.

We have changed this to median and included IQR as noted above.

The importance of qualitative study in this area of research cannot be diminished. The findings from this project can be very interesting for other MAiD assessors and for healthcare professionals who think about being a MAiD assessors or meet this kind of situation in their practice. The more detailed results are provided by authors, the more valuable are these findings for readers.

I would advise some above mentioned minor changes and additions to the content of this manuscript to make authors findings more valuable and useful.