Physician and Nurse Practitioner Attitudes on Medical Aid in Dying in Long Term Care Settings: A Qualitative Study

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Background and Research Objectives

Medical Aid in Dying (MAiD) refers to an end-of-life care service through which a patient may, due to a grievous and irremediable medical condition, choose to end their life with the assistance of a health care professional. In Canada, these health care professionals are physicians and, in some provinces, nurse practitioners. Medical Aid in Dying (MAiD) was decriminalized in Canada with the implementation of Bill C-14 in February of 2016. In the ensuing months and years, a number of discussions and court challenges have clarified the approach to Medical Aid in Dying, and has resulted in a significant number of procedures being completed. Data from the Office of the Chief Coroner in Ontario, highlights that there has been 17 556 MAiD deaths in Ontario since 2016, with 3824 deaths occurring in 2023 thus far. Though MAiD is legally available to adults over the age of 18 since 2016, older adults represent the majority of patients requesting MAiD, as the average age at which a patient receives MAiD in Canada is in the 70s. Combined, residential care and palliative care facilities were the setting of ~25% of MAiD deaths in Canada between 2019 and 2022.

Long Term Care Facilities are a highly regulated sector of the Health Care System. According to 2011 Canada Census data, roughly 8% of Seniors lived in Nursing Homes. Data from the Ontario Long Term Care Association highlights that 1 in 5 seniors over the age of 80 require long term care placement. The community of residents residing in Long Term Care, is growing. Though currently not well understood,

the intersection of Medical Aid in Dying and Long Term Care if of great research interest. LTC homes have thoroughly trained staff to help residents with goals of care conversations and have become quite expert in supporting residents with their palliative care needs. However, there is a lack of guidelines and policy support when discussions regarding Medical Aid in Dying are identified.

The European Literature highlights that there is a relative lack of policies and procedures for Long Term Care Facilities whose residents may be seeking MAiD. American policymakers also highlight the lack of research as well. Additionally, there is a slowly growing body of literature exploring the experiences of providers who are involved with Medical Aid in Dying. Though there is no research focusing on providers in long term care settings.

In Canada, there is no federal or provincial standardized framework for MAiD policies within the context of long-term care homes, though the Ontario government encourages long-term care homes to develop MAiD policies that suit their institution, and resources exist to assist with the development and implementation of these policies.

In this research study, interviews will explore healthcare provider experiences and attitudes on MAiD in the LTC setting. The questions in the research guide will also determine if healthcare workers feel supported by their employer's policies when MAiD is considered by patients.

Inclusion Criteria
Physicians and nurse practitioners that provide medical care to long term care patients in Southwestern Ontario, which in this study will equate to counties Middlesex, Elgin, Oxford, Kent, Lambton, Huron, Perth and Essex.

Exclusion Criteria
Anyone that is not a physician or nurse practitioner who are not involved with providing medical care to long term care patients in Southwestern Ontario.

Methodology
A qualitative design that uses grounded theory will be used to explore the attitude and experiences of Long-term care physicians regarding MAiD and its use in Long Term Care settings. The team will meet after two or three interviews to discuss the emerging themes and add any probes or follow ups to further explore the emerging themes. Probes and follow up questions will be used in the moment during interviews as it is semi structured as well.

Qualitative description requires data analysis and interpretation as it is not sufficient just to describe data without interpretation. Intense immersion in the data will be used, in keeping with a qualitative descriptive design, to allow for identification, analysis and rich description of themes.

Study Procedures
We will aim to interview approximately 10-20 participants, as this is the number of participants that is thought to be needed to achieve content saturation as the research team meets every 2-3 interviews and adds probes or questions in the emerging themes.

Participants will be provided a video conference invite via Microsoft Teams (Western Institutional Account) and will review the Letter of Information individually and then again with a member of the study team prior to any study activities taking place. Following the individual considering participation

and reviewing the letter of information, consent will be documented via Qualtrics through E-signature. Interviews will be in-depth, enabling participants to describe experiences and attitudes that are meaningful to the support of residents seeking Medical Aid in Dying in the long term care setting. The interview will be flexible, allowing for questions to be added, changed or eliminated as participants can discuss topics of interest or importance as themes emerge. Interviews will be audio recorded and transcribed manually by the research team. The interview will be 30-60 minutes in length.

Voluntary Participation

Participation in this study is voluntary. Participants may refuse to answer an interview question by saying "pass". Participants do not waive any legal right by consenting to this study and their standing as a physician is not affected by their status in the research study. If participants wish to have information removed please contact the PI or Research Coordinator at the contact information provided. After December 5, 2024, Participants will not be able to withdraw data as the research database will be finalized.

Confidentiality and Data Sharing

All participant information is to be held in confidence. Full name and email will be retained for 15 years on a master list which will be kept on the secure university network on the password-protected computer of the research coordinator. Only the PI and their delegates will have access to the master list. All other documents will identify data by the unique ID code. Audio recordings of participants interview will be transcribed by the research study team. Members of the research team will secure file transfer (Microsoft OneDrive) for sharing of the audio-files and completed transcripts. If the results of the study are published, name will not be used and no information that discloses a participant's identity will be released or published.

The research study Participants are participating in may be reviewed for quality assurance to make ensure that the required laws and guidelines are followed. If chosen, (a) representative(s) of the Lawson Quality Assurance Program (QAEP) may access study-related data and/or consent materials as part of the review. All information accessed by the QAEP will be upheld to the same level of confidentiality that has been stated by the research team. The Western Health Sciences Research Ethics Board will also have access to research data for monitoring purposes.

Statistical Analysis

It is estimated that 10-20 LTC physicians will be interviewed for the study to reach content saturation. The interviews will be semi-structured. The physicians will be asked questions regarding their experiences with MAID in LTC and any feedback they might have. They would be encouraged to provide examples. Interviews will be conducted in Microsoft Teams platform (LHSC Institutional Account) to remove participation barriers for consenting physicians. Interviews will be audio- recorded and transcribed verbatim without identifying data by an independent transcribing service and by the research team.

The transcript will then be read to identify any emerging themes. Data collection and analysis will occur simultaneously, following an inductive, iterative process. It will be an individual and team analysis.

Data collection will continue until saturation of the themes has been achieved. After identification and definition of the key themes, the complete data set will be analyzed for relationships among thematic categories.

The trustworthiness and credibility of the analysis will be ensured by the following: audiotaped and verbatim transcripts; independent and team analysis and memo writing.

Possible Risks and Harms
There are no known risks associated with participation in this study. Data privacy breach is a risk with any data collection, although we estimate that risk to be minimal through use of secure file transfer and password protected audio and text files.

Compensation for Participants
Participants will not be compensated for completing any research activities.

Voluntary Participation and Withdrawal
Participation in this study is voluntary. Participants may refuse to answer an interview question by saying "pass". Participants do not waive any legal right by consenting to this study and standing as a physician is not affected by participation status in the research study.

If participants decide to withdraw from the study, Participants have the right to request withdrawal of information collected about Participants, but if results are published it will not be possible to retract Participants responses. If Participants wish to have information removed please contact the PI or Research Coordinator at the contact information provided. After December 5, 2024, Participants will not be able to withdraw data as the research database will be finalized.

Contact For Further Information
If participants require any further information regarding this research project they may contact Dr. George Kim or Craig Mara at the contact info listed in the protocol and the letter of information and consent.

If Participants have any questions about their rights as a research participant or the conduct of this study, Participants may contact The Office of Human Research Ethics (519) 661-3036, email: ethics@uwo.ca or the London Health Sciences Centre's Patient Relations Office at (519) 685-8500 ext 52036