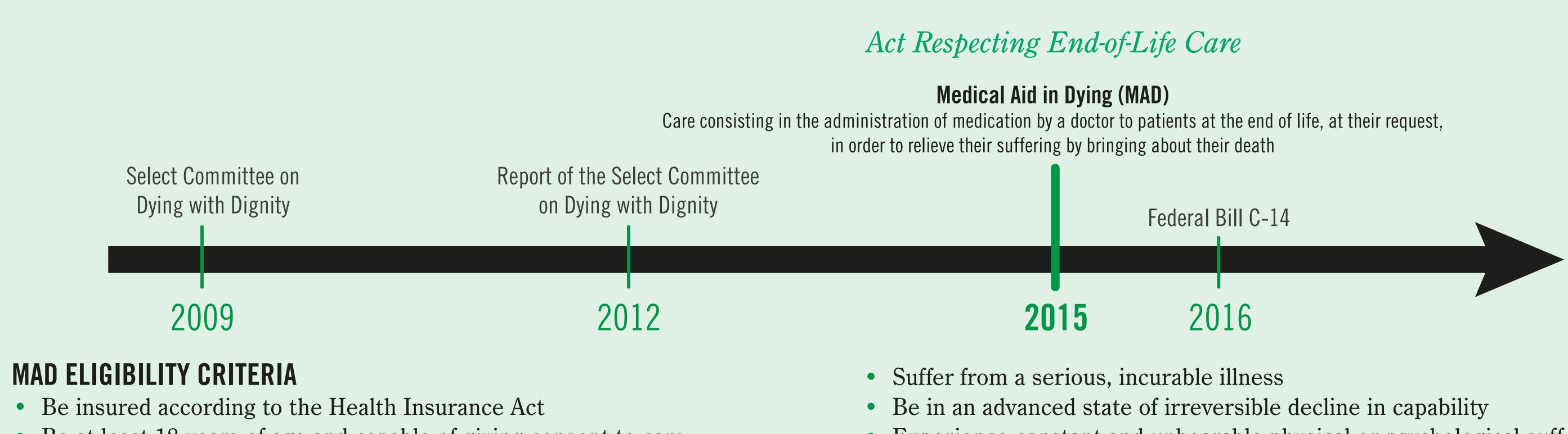


# **MEDICAL RESIDENTS' KNOWLEDGE, UNDERSTANDING AND PERCEPTION OF THE MEDICAL AID IN DYING CONCEPT**

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## INTRODUCTION



- Be at least 18 years of age and capable of giving consent to care
- Be at the end of life

## CONTEXT

### LITERATURE REVIEW

- Doctors' misunderstanding and confusion regarding the different end-of-life practices
- Debate and difference of opinion surrounding MAD
- No study done with medical residents in Quebec

## **PRIMARY END POINT**

To assess the **knowledge** and **understanding** of medical residents regarding the MAD concept.

## **SECONDARY END POINT**

To draw a picture of the residents' perception of MAD.

## METHODS

### **STUDY DESIGN AND POPULATION**

**Design:** Cross-sectional descriptive study **Target population:** Medical residents of Université de Sherbrooke (UdeS) trained in Quebec

**Population sample:** Medical residents volunteering from all specialties of UdeS

- Exclusion criteria
- Residents trained out of Quebec
- Residents on leave since the coming into force of the Act on December  $10^{ ext{th}} \ 2015$

## DATA COLLECTION

- Built from different sources - Act Respecting End-of-life Care legal text
- Report of the Select Committee on Dying with Dignity
- Transmitted via
- Faculty of Medicine and Health Sciences
- Specific residency programs' secretariats
- Paper questionnaires distributed in some family medicine units

### **STATISTICAL ANALYSIS**

## QUESTIONNAIRE

- Approved by the *Lettres et sciences humaines* research ethics committee Consent form
- Confidential and anonymous questionnaire
- Knowledge of the act MAD definition
- MAD eligibility criteria
- Ineligibility to MAD through an advanced request or a third party request
- Understanding of the act - 6 clinical scenarios depicting different end-of-life practices
- Comfort level in providing MAD care
- Position regarding main arguments surrounding MAD

• Experience constant and unbearable physical or psychological suffering which cannot be relieved in a manner the person deems tolerable

#### Anonymous web-based questionnaire

- Previous study by Dre Isabelle Marcoux and al.

• Descriptive statistics (central tendency and dispersion), frequencies, means and Chi-square analysis

- Sociodemographic data (Table 1)
- Perception towards MAD act
- Position regarding legalization of MAD

## RESULTS

- Transmitted to 674 medical residents
- 127 participants completed the questionnaire

#### **Table 1: Characteristics of the study population** (n=121)

	N	%
Female	74	61,2
Male	47	38.8
Mean age: 26.5 years		
Previous training in MAD		
Yes	34	28,1
No	82	67.8
Don't know	5	4.1
Consider a medical practice integrating end-of-life care		
Yes	66	54,6
No	32	26.5
Don't know	23	19.0
Post-Graduate Year		
1	55	45.5
2 and more	66	54.6
Medical Specialties		
Family medicine	74	61,2
Others specialities	47	38.8

## DISCUSSION

#### **STUDY STRENGTHS**

- First study evaluating knowledge and perception of medical residents regarding MAD concept
- Relevant and current topic
- Good participation rate
- Family medicine residents as main respondents
- Appropriate time lapse between coming into force of the act and period of study

#### **PRIMARY END POINT - Knowledge and understanding** Residents had, on average, a great knowledge and understanding of specific aspects of the MAD act.

- 7-10 months after the Act came into force
- Majority without previous training
- Little or no exposure to MAD

#### Confusion persists in identifying eligibility criteria.

- Least identified criteria  $\rightarrow$  the ones related to the doctor's subjective evaluation
- Best performance if the resident had attended previous training or considered a medical practice with end-of-life care

#### Table 2: Knowledge regarding MAD act

	Study population	Previous <sup>-</sup> Yes	training on MAC No/Don't know		Consider a medical prac Yes	tice integrating No/Don't know	
MAD definition knowledge							
Yes (%)	81.0	88.2	78.2	p=0.20	78.8	83.6	p=0.50
No (%)	19.0	11.8	21.8		21.2	16.4	
MAD criteria knowledge							
Mean score out of 6 questions	4.1	4.7	3.8	p=<0.01	4.4	3.7	p=0.01
Ineligibility to MAD through an advanced request							
or a third party request							
Success to recognize ineligibility (%)	75.2						
Failure to recognize ineligibility (%)	24.8						

#### **Table 3: Understanding of clinical scenarios** To the following question: in your opinion, this clinical care...

	Corresponds to MAD?		Is legal in Quebec?		
Clinical scenarios	Right answer	Success (%)	Right answer	Success (%)	
End of care	No	92.6	Yes	93.4	
Pain management	No	91.7	Yes	95.9	
Use of potentially lethal medication above					
what is needed for symptom relief	No	58.7	No	85.1	
Assisted suicide	No	79.3	No	89.3	
Medical aid in dying	Yes	90.1	Yes	76.9	
Use of medication in order to give death					
to an inapt patient	No	45.5	No	97.5	

Confusion persists surrounding the legal status of specific autl practices in end-of-life care.

• Similar misunderstanding among health care professionals surveyed in 2012-2013 by Dre Marcoux and al.

#### **SECONDARY END POINT - Perception**

On average, residents were in **agreement** with the legalization of MAD.

- 82,6% agreed
- Position similar to that of doctors surveyed in 2009 by their organization (FMOQ 74%, FMSQ 75%)

#### Variable comfort level in providing MAD care

- Only 38% comfortable
- Significant difference between women and men

#### **BIAS AND LIMITS**

- Cross-sectional descriptive study
- Small sample size
- Selection bias
- Volunteer bias
- Some questions subject to interpretation
- Web-based questionnaire with the possibility to find answers online
- Results that only apply to the data collection period

Table 4: Perception regarding MAD ac

	Study population	Female	Male	
Position regarding the legalization of MAD				
Agree (%)	82.6	79.7	87.2	
Disagree (%)	8.3	10.8	4.3	p=0.47
Don't know (%)	9.1	9.5	8.5	
Comfort level in providing MAD care				
Agree (%)	38.0	27.0	55.3	
Disagree (%)	30.6	36.5	21.3	p<0.01
Don't know (%)	31.4	36.5	23.4	

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## CONCLUSION

- Study highlights the need to train medical residents on MAD - Study results useful to organize future training
- Raised questions
- How to explain the discrepancy between being in favour of MAD and not being comfortable providing it?
- Would results be different with more training?

"Research project supervised by Dre Élise Crête and Dre Isabelle Arsenault"



