

BMJ Open is committed to open peer review. As part of this commitment we make the peer review history of every article we publish publicly available.

When an article is published we post the peer reviewers' comments and the authors' responses online. We also post the versions of the paper that were used during peer review. These are the versions that the peer review comments apply to.

The versions of the paper that follow are the versions that were submitted during the peer review process. They are not the versions of record or the final published versions. They should not be cited or distributed as the published version of this manuscript.

BMJ Open is an open access journal and the full, final, typeset and author-corrected version of record of the manuscript is available on our site with no access controls, subscription charges or pay-per-view fees (<u>http://bmjopen.bmj.com</u>).

If you have any questions on BMJ Open's open peer review process please email <u>info.bmjopen@bmj.com</u>

# **BMJ Open**

# Emotional Impact on Health Care Providers Involved in Medical Assistance in Dying (MAiD): A systematic review and qualitative meta-synthesis.

| Journal:                      | BMJ Open   |
|-------------------------------|--|
| Manuscript ID                 | bmjopen-2021-058523  |
| Article Type:                 | Original research  |
| Date Submitted by the Author: | 12-Nov-2021  |
| Complete List of Authors:     | Dholakia, Saumil; Ottawa Hospital General Campus, Department of<br>Mental Health<br>Bagheri, Alireza; Lakehead University, Research affiliate Center for<br>Healthcare Ethics<br>Simpson, Alexander; Centre for Addiction and Mental Health, Chair in<br>Forensic Psychiatry |
| Keywords:                     | MEDICAL ETHICS, MEDICAL LAW, International health services < HEALTH SERVICES ADMINISTRATION & MANAGEMENT   |
|                               | ·  |





I, the Submitting Author has the right to grant and does grant on behalf of all authors of the Work (as defined in the below author licence), an exclusive licence and/or a non-exclusive licence for contributions from authors who are: i) UK Crown employees; ii) where BMJ has agreed a CC-BY licence shall apply, and/or iii) in accordance with the terms applicable for US Federal Government officers or employees acting as part of their official duties; on a worldwide, perpetual, irrevocable, royalty-free basis to BMJ Publishing Group Ltd ("BMJ") its licensees and where the relevant Journal is co-owned by BMJ to the co-owners of the Journal, to publish the Work in this journal and any other BMJ products and to exploit all rights, as set out in our <u>licence</u>.

The Submitting Author accepts and understands that any supply made under these terms is made by BMJ to the Submitting Author unless you are acting as an employee on behalf of your employer or a postgraduate student of an affiliated institution which is paying any applicable article publishing charge ("APC") for Open Access articles. Where the Submitting Author wishes to make the Work available on an Open Access basis (and intends to pay the relevant APC), the terms of reuse of such Open Access shall be governed by a Creative Commons licence – details of these licences and which <u>Creative Commons</u> licence will apply to this Work are set out in our licence referred to above.

Other than as permitted in any relevant BMJ Author's Self Archiving Policies, I confirm this Work has not been accepted for publication elsewhere, is not being considered for publication elsewhere and does not duplicate material already published. I confirm all authors consent to publication of this Work and authorise the granting of this licence.

terez oni

Enseignement Superieur (ABES) Protected by copyright, including for uses related to text and data mining, AI training, and similar technologies



Title: Emotional Impact on Health Care Providers involved in Medical Assistance in Dying (MAiD): A

systematic review and qualitative meta-synthesis.

# **Corresponding author:**

Dr. Saumil Dholakia Assistant Professor of Psychiatry, Department of Mental Health, The Ottawa Hospital General Campus, 501 Smyth Road Ottawa, ON, CANADA K1H 8L6 Email: <u>saumil.dholakia@mail.utoronto.ca</u> Telephone: 647-804-5714

# Co-authors:

Dr. Alireza Bagheri Lakehead University, Research affiliate Center for Healthcare Ethics Thunder Bay, ON, CANADA email: <u>bagheria@yahoo.com</u> Telephone: 647-823-4797

Dr. Alexander I.F. Simpson Chair in Forensic Psychiatry Centre for Addiction and Mental Health, Toronto, ON, CANADA Email: <u>Sandy.Simpson@camh.ca</u> Telephone: (416) 535-8501 Extn: 2994

Key words: Ethics-Medical, Health Personnel, Euthanasia, Right to Die.

**Word count:** 3826 (excluding title page, abstract, references, figures and tables, acknowledgement, contributory, competing interests, data-sharing and funding statements)

# Abstract:

*Objective:* To determine the emotional impact on health care providers involved in Medical Assistance in Dying.

*Introduction:* Medical Assistance in Dying (MAiD) traverses challenging and emotionally overwhelming territories: Health Care Providers (HCPs) across jurisdictions bridge the divide between normative yet opposing values of sanctity of life and dignity in death and dying resulting in a myriad of affective responses. These range from a rewarding experience on one end to an overwhelming sense of apprehension and unpreparedness on the other.

*Methods:* A systematic review research methodology was adopted to review qualitative research studies from 4 databases (OVID Medline, EMBASE, CINAHL, and Scopus) and grey literature. Key author, citation, and reference searches were also undertaken. Papers were included if they presented qualitative data regarding the emotional impact on HCPs involved in MAiD. Studies were restricted to English language. Analysis was conducted using thematic meta-synthesis. Once thematic synthesis was completed, the cumulative evidence was assessed using the Confidence in the Evidence from reviews of qualitative research (CERQual) approach.

*Results:* The search identified 4523 papers. After applying inclusion/exclusion criteria and The Joanna Briggs Institute Critical Appraisal Tool for qualitative research, 35 papers were included in the meta-synthesis. Three distinct emotional themes were identified— (1) Strong, internalized basic emotions including moral distress, (2) Role-based emotions based on individual personal/moral/professional values, and (3) Reflective emotions that point towards MAiD being a 'sense-making process'.

*Conclusion:* This systematic review and meta-synthesis maps the current emotional discourse amongst HCPs involved in MAiD and discusses the role of legal frameworks and the position of the health care provider in shaping this discourse. It attempts to answer the question of 'what it means at an emotional level' for a healthcare provider to engage in MAiD.

Key words: Ethics-Medical, Health Personnel, Euthanasia, Right to Die.

# Strengths and Limitations of this study:

Strengths:

- An eligibility criteria and subsequent search strategy that focusses on emotional impact of MAiD on HCPs with qualitative research methodology.
- Use of Joanne Brigg's critical appraisal tool for assessment of risk of bias and use of the CERQual approach for assessing the methodological limitations, relevance, coherence and adequacy of the evidence after completion of meta-synthesis.

# Limitations:

- Qualitative signals of absence of sub-group analysis, eligibility criteria limited to published Englishlanguage literature and fast-moving pace of research on emotional impact of MAiD on HCPs likely contributes to significant publication bias.
- Generalizability of evidence limited by presence of selection bias in included studies.

BMJ Open: first published as 10.1136/bmjopen-2021-058523 on 15 July 2022. Downloaded from http://bmjopen.bmj.com/ on June 11, 2025 at Agence Bibliographique de I Enseignement Superieur (ABES) . Protected by copyright, including for uses related to text and data mining, Al training, and similar technologies.

# 

Introduction:

Medical Assistance in Dying (MAiD) poses ethically complex challenges that can be a major source of distress to Health Care Providers (HCPs) who choose to participate—especially since MAiD involves navigating conflicting personal and professional values. These values are contextual, dynamic and often not in alignment with each other; for example, duty to care and reducing suffering in case of terminal illness through MAiD is in sharp contrast with the value of preserving sanctity of human life in the dying process (1, 2). Except for Switzerland, all other countries require HCPs to be at the forefront in discussing and executing eligible requests for assisted death within their defined jurisdictions (3).

# Assisted death in selected jurisdictions-overview and current status

The number of jurisdictions across the world with medically assisted death legislation continues to grow. Switzerland, Netherlands, Belgium, Luxemburg, Canada, besides jurisdictions in the USA (Oregon, Vermont, California, Washington State, Colorado, the district of Columbia, Hawaii, Maine and New Jersey) along side the State of Victoria, Tasmania and South Australia in Australia and Columbia in South America, and most recently Spain and New Zealand, have legalized medically assisted death in some form (3, 4). MAiD in Canada, the State of Victoria in Australia and the Benelux countries includes both assisted suicide and euthanasia. Jurisdictions in the USA and Switzerland allow only assisted suicide.

Broadly speaking, the 'Benelux' countries (Belgium, Netherlands and Luxemburg) have less restrictive rules in place for MAiD than the American jurisdictions that permit this practice. For example, Benelux countries allow advanced directives and terminality of illness is not a requirement to be eligible for MAiD in Belgium and Netherlands. Jurisdictions in the USA, on the other end, have strict eligibility criteria that the illness must be terminal and there must be some timeline to foreseeability of natural death— commonly 6 months in most jurisdictions.

BMJ Open: first published as 10.1136/bmjopen-2021-058523 on 15 July 2022. Downloaded from http://bmjopen.bmj.com/ on June 11, 2025 at Agence Bibliographique de l Enseignement Superieur (ABES) . Protected by copyright, including for uses related to text and data mining, Al training, and similar technologies.

Right to bodily autonomy, voluntariness of request and terminality/irremediableness of the medical condition are the mainstay of the eligibility criteria for MAiD, with each criterion receiving variable emphasis, depending on the legislative jurisdiction. For example, "reasonable foreseeability of natural death" criterion was removed from Canada's MAiD eligibility criteria following recent changes in the legislation (5-8).

#### HCPs and MAiD—current knowledge and knowledge gaps.

Amongst the HCPs, the physician's role in providing MAiD is perhaps the most ambiguous. Historically, medicine as a profession is rooted in the ethical principle of 'first, do no harm' while providing care. While this is true, medical futility and the sense of powerlessness and loss of control at end-of-life are a reality in modern medical practice, which is often reflected as physician ambivalence to participate in MAiD (9-11).

While this sense of ambiguity and a morally contradictory stance distances physicians from the practice of MAiD, nurses also share the complex attitudes and polarized feelings towards MAiD (12). This complexity is often due to the dual role that nurses play in most health care systems around the world: on one end, they act as a strong advocate for patient's wishes, whereas on the other end, they only have a supportive role in medical decision-making process. A recent synthesis of qualitative studies describing registered nurses' experiences with MAiD from Belgium, the Netherlands, and Canada showed that while the nurses played a central role in providing important 'wrap-around' care for patients and family, their participation in MAiD required significant moral work (13).

A recent scoping review exploring the challenges faced by HCPs while handling MAiD requests found lack of clear guidelines/protocols, role ambiguity, difficulties in evaluating capacity/consent, conscientious objection, lack of inter-professional collaboration and difficulties in assessing nature and severity of suffering as major barriers in developing comprehensive care models for implementation of MAiD (14).

#### **BMJ** Open

Furthermore, the scoping review also pointed out that HCPs need substantial degree of time and emotional commitment to participate in a MAiD request. A scoping review and thematic meta-synthesis of qualitative studies exploring HCPs' attitudes towards assisted death practices in Belgium, Netherlands, Israel, Australia, Germany and the USA showed that their attitudes were shaped by a deep sense of moral responsibility and contextual care-relationships (15).

This empirical evidence provides valuable insights on experiences and attitudes of HCPs towards MAiD; however, the nature and extent of emotional impact remains unexplored. Preliminary evidence suggests that the shift away from the medicine's fundamental values of cure/control of a disease process to hastening death with the aim of alleviating intolerable suffering can have significant emotional effects on participating HCPs. These can range from feeling overwhelmed with a sense of powerlessness on one end, to a rewarding and a positive experience on the other (16, 17).

**Objectives**: To determine the emotional impact on HCPs involved in MAiD.

#### Methods:

#### Search strategy, screening and eligibility criteria:

The inclusion and exclusion criteria were developed in line with SPIDER (Sample, Phenomenon of Interest, Design, Evaluation, Research type) (18). We included all qualitative research studies that evaluated the emotional impact of MAiD on HCPs. In order to ensure qualitative richness of themes, we excluded all surveys, personal anecdotes, experiences without in-depth qualitative analysis, opinions, attitudes or comments published on this topic.

*Relevant definitions:* For the sake of this review, we define a Health Care Provider as a person "lawfully entitled under the law of a province to provide health services in the place in which the services are provided by that person"(19). This definition includes pharmacists, nurses, nurse practitioners, social

workers, spiritual health practitioners, psychotherapists and clinical psychologists who are legally authorized to practice within their respective scope of practice. For the sake of this study, we included 'Assisted suicide assistant' and provider in 'Right to die' societies in Switzerland as unique MAiD careproviders who contact the eligible participant and liaise with the physician and pharmacist in the conduct of MAiD.

For the sake of this review, the term 'MAiD' refers to (20):

- The administering by a physician or nurse practitioner of a substance to a person, at their request, that causes their death (euthanasia); and/ or
- b. The prescribing or providing by a physician or nurse practitioner of a substance to a person at their request, so that they may self-administer the substance and in doing so cause, their own death (assisted suicide).

Eligibility criteria:

- Includes worldwide published literature on the research question in English language, inclusive of all age groups; articles published up to April 30, 2021 were included.
- 2) Describes or mentions 'HCPs' and 'MAiD' as defined above
- 3) Describes or mentions the emotional impact on HCPs in terms of emotions /affective responses experienced or expressed while accessing, discussing, participating or caring for the patient who has made a valid MAiD request.

BMJ Open: first published as 10.1136/bmjopen-2021-058523 on 15 July 2022. Downloaded from http://bmjopen.bmj.com/ on June 11, 2025 at Agence Bibliographique de l Enseignement Superieur (ABES).

data mining, AI training, and similar technologies

Protected by copyright, including for uses related to text and

#### **BMJ** Open

- 4) Includes all qualitative studies evaluating the emotional impact through qualitative research methodologies like grounded theory, semi-structure interviews, lived experiences, phenomenology, thematic analysis, narrative inquiry or others.
- 5) Excludes case studies, anecdotes or studies without a description or mention of a rigorous gualitative research methodology.

# Search strategy:

An iteratively developed search strategy was developed and piloted with the help of 3 librarians with expertise in systematic review search strategies. Considering the inter-disciplinary nature of the objective, the search strategy was conducted on OVID Medline (to cover all the North American literature), CINAHL (to cover all the nursing literature), EMBASE (to cover all the European literature) and SCOPUS (to cover all miscellaneous literature, presentation abstracts, etc.). The search terms included three main domains—MAiD, HCPs and qualitative research methodology and their synonyms.

A combination of subject heading and key word searches were trialed to ensure a balance between sensitivity and specificity. Full search strategy on the OVID medline database as reference is available in supplementary appendix 1.

In addition to database searches, the study team conducted a grey literature search (21) which was informed by search methods outlined by Godin et al (22). The search terms included MAiD, qualitative research, HCPs, and their synonyms. Grey literature was retrieved between December 10, 2018 and March 1, 2019 and updated on August 10, 2020 and August 10, 2021 from:

(1) Databases including Google scholar, the Canadian electronic library and the Canadian Institute for Health Information and (2) OpenGrey, BASE (Bielefeld Academic Search Engine) and the OAlster catalogue of open access resources that includes digital thesis sources like the WorldCat.

The grey literature search strategy and results are included in supplementary appendix 1. For the purpose of feasibility and relevance, only reports from the year 2000 and beyond were retrieved. In addition, backward citation tracking was conducted by hand searching the reference lists of all included papers.

# Study selection process:

All identified records were imported into the reference management software, Zotero and duplicates removed by the lead researcher (SD). 20% of the title and abstracts of peer reviewed records were independently screened by two reviewers (AS and AB) based on the eligibility criteria. Given that a substantial portion of grey literature did not include abstracts, the grey literature screening process was initiated at the full-text phase. Records were excluded if they did not follow a qualitative research methodology and were not peer reviewed. SD consulted the keywords of yielded academic records if the title and abstract lacked clarity in relation to core concepts and reviewers AB and AS independently assessed any records for which there was a discrepancy and/or uncertainty regarding their inclusion. The researchers met at the beginning, middle and end of the screening process to ensure consistency. The same inclusion and exclusion criteria, successive team meetings and approach to discrepancies was applied to second level screening of the full-texts of the academic literature, as well as the full-texts of the grey literature.

Patient and Public involvement: No patients involved.

# Assessment of risk of bias:

We used the Joanna Briggs Institute Critical appraisal tool for use in systematic reviews: checklist for qualitative research to critically appraise the included full-text qualitative research studies over 10

#### **BMJ** Open

constructs. These constructs range from congruency to philosophical construct to theoretical and cultural location of the researcher (23). The results of the assessment of risk of bias were independently reviewed by AB and AS and are presented in detail in supplementary appendix 2.

The search results and reasons for exclusion at each stage of screening were recorded and are represented in the adapted Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA) flow diagram in Figure 1.

# Data Analysis:

# Data Extraction and Data analysis:

We adopted a Thematic Synthesis Approach to analyze and synthesize data. Thematic synthesis is an adaptation of thematic analysis and provides a set of established methods and techniques that help synthesize qualitative research outcomes, especially when there is heterogeneity in the outcome variables (24). A Thematic Synthesis Approach is especially useful in our case since it enables us to examine the meaning, significance and social constructions around the emotional experience of a healthcare provider involved in MAiD. The coded data were sent to AB and AS to cross check for any discrepancy. Subsequent thematic synthesis was done by SD, AB and AS in the following 2 stages:

Stage 1: Identifying the similarities between the codes.

All relevant qualitative data from the selected primary studies were extracted manually from the results, discussion and conclusion section of individual studies and are represented in Table 2 of supplementary appendix 2. The codes (done line-by-line to search for concepts) were grouped into descriptive themes inductively so that patterns could be identified. Each theme was entered as boxes and codes from each study illustrated in those boxes, so that constant comparison analysis process could be done (see Table 3 in supplementary appendix 3).

Stage 2: Development of analytic themes.

In this last stage, meaning of the patterns was analyzed against the research question so that a narrative component could be developed.

Once thematic synthesis was completed, each researcher independently evaluated the cumulative evidence from individual studies for methodological limitations, relevance, coherence and adequacy using the Confidence in the Evidence from reviews of qualitative research (CERQual) approach (see table 1) (25). All researchers met during regular research-review meetings to resolve any discrepancies and achieve consensus over the assessment.

This systematic review was a part of an academic capstone project and was not registered with any international database. The review protocol is available from the research team on request.

In addition to employing the PRISMA Checklist for systematic reviews, in order to improve the reporting of our qualitative meta-synthesis, we use the Enhancing transparency in reporting the synthesis of qualitative research (ENTREQ) checklist which is accessible from supplementary appendix 4.

#### **Results:**

## Characteristics of included studies:

35 qualitative research studies were included in the review. The included literature was based in 5 countries: The United States of America (7), The Netherlands (9), Canada (14), Belgium (1), Switzerland (3), and one study was an international study with participants from the United States of America and Netherlands. The data included 393 physicians, 169 nurses, 53 social workers in hospice care, 11 allied health care professionals (7 personal support workers, 1 pharmacist, 1 genetic technologist and 2 psychologists) and 8 directors of socio-medical institutions and 3 socio-cultural animators. A detailed description of the included studies is included in Table 2 of supplementary appendix 3.

#### **BMJ** Open

# Thematic synthesis:

Three overarching emotional dimensions were derived from the thematic synthesis:

*Dimension 1: Strong, internalized and polarized emotions (26-36)*: These included three subordinate categories/genres:

 Positive emotions of 'reward', 'relief', 'active openness', 'overwhelming but uplifting' feelings while participating in MAiD,

• Negative emotions of 'powerlessness', 'guilt', 'emotional exhaustion', 'vicarious suffering' and fear of a slippery slope and losing control, and

 Individual conscience-based emotions of 'moral shudder' on one end and feelings of 'mercy' on the other end while participating in MAiD.

This emotional dimension was strongly embedded in the cultural and political milieu and the interpersonal communication strategies used by the HCP.

<u>Dimension 2: Reflective, discourse-based emotions (26,30,36,37-45)</u>: These included emotions of 'growing with the patient's experience', MAiD as a 'sense-making process', 'de-tabooing the philosophical meaning of death through MAiD' and various degrees of 'dynamic conflict' secondary to a reflective sense of insecurity. These emotions were descriptively laid on a platform of 'interpretative therapeutic engagement', where they seemed to aid in the larger philosophical and societal discourse around MAiD (46).

# Dimension 3: Emotions that resonate with professional values and/or legislative frameworks (28,30,34,

<u>47-61</u>: These included emotions embedded in and modulated by the HCPs professional and legal milieu. They resonated with professional values like 'competency and perfection', 'intimate care', 'colloque

BMJ Open: first published as 10.1136/bmjopen-2021-058523 on 15 July 2022. Downloaded from http://bmjopen.bmj.com/ on June 11, 2025 at Agence Bibliographique de I Enseignement Superieur (ABES) . Protected by copyright, including for uses related to text and data mining, Al training, and similar technologies.

# **BMJ** Open

*singuliar*' (singular language of trust and conscience in context of therapeutic relationship) and various degrees of commitment ranging from 'contractual' to 'sacrificial'.

In order to explore how HCPs represent themselves, or their emotions, to themselves and to larger health care environment, we adopted a narrative inquiry approach. This allowed us to extract how and why did the HCPs participating in MAiD experience such complex emotions. While the thematic synthesis focused on broad aspect of the 3 dimensions of emotional impact described above, the narrative inquiry approach focussed on contextual factors leading to the emotional impact. Based on the narrative inquiry approach, a narrative summary was formulated and is described below:

- 1. In jurisdictions that legislate MAiD with the central aim to alleviate intolerable suffering in context of terminally ill medical conditions (example the USA), the HCPs experience strong polarized emotions that are modulated by their individual cultural/religious background. The extent of emotional impact ranges from positive emotions of reward/relief on one end, to negative (burden, emotional exhaustion) and conscientious based moral distress on the other.
- 2. In jurisdictions that legislate MAiD with an emphasis on alleviating intolerable suffering without terminal illness being a necessary requirement (for example Benelux countries, Switzerland, Canada), the HCPs experience the emotional impact of MAiD as a 'sense-making' process—this allows them to reflect on the emotional dissonance between basic emotions and emotions that conform to legislative rules.
- 3. Values associated with the health care provider's profession (example, physician, nurse or social worker), their degree of engagement in the MAiD process, depending on their hierarchical position in the health care system and legislations of respective jurisdictions are strong influential factors that shape the emotional impact of MAiD.

| in the ovidence       | g of Recommendation   |                               |               |               |                |                  |  |
|-----------------------|---|-------------------------------|---------------|---------------|----------------|------------------|--|
|                       |   | tative Research (Ci           | -RQual) evide | nce profile   |                |                  |  |
| Summary findin        | g Studies<br>contributing<br>substantially to   | Methodological<br>Limitations | Coherence     | Adequacy      | Relevance      | CERQual<br>GRADE | Explanation o<br>CERQual<br>assessment |
| 2                     | the summary   |                               |               |               |                | evidence         |  |
|                       | theme (studies  |                               |               |               |                |                  |  |
|                       | numbered as   |                               |               |               |                |                  |  |
|                       | per Table 2 in  |                               |               |               |                |                  |  |
|                       | supplementary appendix 3)   |                               |               |               |                |                  |  |
|                       |   | U,                            |               |               |                |                  |  |
| HCPs                  | 1,2,3,5,13,18,  | Minor                         | Moderate      | Minor         | No or very     | High             | Variability in                         |
| experienced           | 19,21,  | methodological                | concerns      | concerns      | minor          |                  | experiences o                          |
| strong,               | 24,26,28.   | limitations                   | regarding     | regarding     | concerns       |                  | participants                           |
| internalized,         |   | concerning                    | coherence     | adequacy      | regarding      |                  | posed a                                |
| often polarized       |   | location of the               |               |               | relevance      |                  | challenge with                         |
| and deeply            |   | researcher                    |               |               |                |                  | respect to                             |
| 1<br>2 (25)<br>3<br>4 | ed,<br>arized<br>lyconcerning<br>location of the<br>researchercoherence<br>adequacyregarding<br>relevanceposed a<br>challenge with<br>respect toOn applying the GRADE CERQual approach to ascertain the degree of confidence in these findings, we<br>graded the evidence in terms of adequacy, relevance, coherence as well as methodological limitations<br>(25).(25).While evidence supporting all three dimensions of emotional impact had methodological limitations,  |                               |               |               |                |                  |  |
|                       | le evidence support<br>ence for emotions  | -                             |               |               |                | _                |  |
| 3                     | ificant selection bias  |                               |               |               |                |                  |  |
| a ch                  | significant selection bias leading to lack of generalizability. Variability in experiences of participants posed<br>a challenge with respect to coherence, especially in studies that reflected emotional impact driven by<br>HCPs' cultural and religious background; however, this variance enhanced the richness of the results. The<br>evidence from studies describing the emotional impact on HCPs due to the socio-political environment in<br>which MAiD was practiced showed good coherence, adequacy and relevance; however, it was |                               |               |               |                |                  |  |
| B HCP                 | HCPs' cultural and religious background; however, this variance enhanced the richness of the results. The   |                               |               |               |                |                  |  |
| evid                  | evidence from studies describing the emotional impact on HCPs due to the socio-political environment in   |                               |               |               |                |                  |  |
|                       | which MAiD was practiced showed good coherence, adequacy and relevance; however, it was<br>understandably influenced by the position of the researcher. A detailed account of the summary of  |                               |               |               |                |                  |  |
| whi                   |   | ad by the position            | a of the roce | archar A day  | tailed accourt | t of the cur     | nmany of                               |
| whi                   |   |                               | n of the rese | archer. A det | tailed accoun  | t of the sun     | nmary of                               |

|  | 1              |                               |                     | 1             | 1                    |         | 15   | BMJ Open: first published   |
|--|----------------|-------------------------------|---------------------|---------------|----------------------|---------|--|---|
| personal basic                                   |                | theoretically/                |                     |               |                      |         | coherence,   | n: fir  |
| emotions that were modulated                     |                | culturally, And influence of  |                     |               |                      |         | however, this also added to  | stp   |
| by the HCP's                                     |                | the researcher                |                     |               |                      |         | the richness   | ubli  |
| cultural and/or                                  |                | on the research               |                     |               |                      |         | of results.  | she   |
| religious  |                | and vice versa                |                     |               |                      |         | Hence, we  | d as  |
| background.                                      |                |                               |                     |               |                      |         | have graded  | as 10.1136/bmjopen-2021-058523 on 15<br>— Protected by copyright, including for                         |
| -<br><sup>3</sup> Level embedded:                |                |                               |                     |               |                      |         | the<br>confidence in   | 36/b  |
| <sup>4</sup> cultural/religious                  |                |                               |                     |               |                      |         | quality of   | mjoj<br>by c  |
| 5  |                |                               |                     |               |                      |         | findings as  | pen-  |
| 7  |                |                               |                     |               |                      |         | high.  | 202<br>right  |
| 3<br>)   |                | O.                            |                     |               |                      |         |  | 1-05  |
| Influenced by the                                | 2,5,6,8,11,14, | Moderate/min                  | No or very          | No or very    | No or very           | High    | Paper 6 did  | 852;  |
| 1 socio-political                                | 23,25, 28,30,  | or                            | minor               | minor         | minor                |         | not approach   | 3 on  |
| <sup>2</sup> environment as                      | 32, 34.        | methodological                | concerns            | concerns      | concerns             |         |  | for t   |
| <sup>3</sup> well as the social<br>5discourse on |                | limitations                   | regarding coherence | regarding     | regarding relevance. |         | committee<br>and hence   | July 2022.<br>Enseigne<br>uses relate   |
| Suffering and                                    |                | concerning<br>location of the | conerence           | adequacy      | relevance.           |         |  | 202<br>Seig   |
|  |                | researcher                    |                     |               |                      |         | ethics   | 022. D<br>ignem<br><del>elated</del>  |
| 7<br>death, HCPs<br>oshared emotions             |                | theoretically/                |                     |               |                      |         | committee  |   |
| of personal                                      |                | culturally, and               |                     |               |                      |         | approval.  | nloa<br>Sup   |
| <sup>1</sup> growth/sense-                       |                | influence of                  |                     |               |                      |         | Apart from   | ided<br>Derie   |
| 2<br>making and                                  |                | the researcher                |                     | 6             |                      |         | this study, all  | dat <sup>ŭ</sup> ro⊡  |
| 4relational                                      |                | on the research               |                     |               |                      |         | studies in this  | a n<br>BE   |
| <sup>5</sup> experiences of                      |                | and vice versa                |                     | 4             |                      |         | group  | inin)   |
| <sup>6</sup> deeper                              |                |                               |                     |               |                      |         | contributed to   | g, A  |
| ,<br>8 compassion and                            |                |                               |                     |               |                      |         | the summary  | <mark>jope</mark><br>I tra  |
| 9sympathy. HCPs                                  |                |                               |                     |               |                      |         | findings in  | inin <mark>n</mark> .b  |
| <sup>0</sup> also experienced                    |                |                               |                     |               | 1                    |         | terms of   | g,a   |
| 2<br>2<br>2                                      |                |                               |                     |               |                      |         | coherence,   | nd s  |
| 3dissonance over                                 |                |                               |                     |               |                      |         | adequacy and   | inil on   |
| 4personal  |                |                               |                     |               |                      |         | contributed to<br>the summary<br>findings in<br>terms of<br>coherence,<br>adequacy and<br>relevance.<br>Hence, we<br>have graded<br>the<br>confidence in | Jun<br>art  |
| <sup>5</sup> emotions and                        |                |                               |                     |               |                      |         | Hence, we  | e 11<br>echr  |
| 7 <sup>emotions</sup>                            |                |                               |                     |               |                      |         | have graded  | , 20  |
| 8expressed to                                    |                |                               |                     |               |                      |         | the  | 25 a  |
| <sup>9</sup> conform to                          |                |                               |                     |               |                      |         | confidence in  | s. Ag   |
| 0<br>1 legislative rules.                        |                |                               |                     |               |                      |         | the quality of   | geno  |
| 2<br>3 <b>Level embedded</b> :                   |                |                               |                     |               |                      |         | the findings to be high.   | ie Bi   |
| 4Socio-political<br>5                            |                |                               |                     |               |                      |         |  | mjopen.bmj.com/ on June 11, 2025 at Agence Bibliographique de<br>Al training, and similar technologies. |
| 6<br>7   |                |                               |                     |               |                      |         |  | ٩phi  |
| i8   |                |                               |                     |               |                      |         |  | que   |
| 9  | E              |                               | /bmichar but        | com/site/-l-  | 1+/01.11-1-1         | latra l |  | de  |
| 60   | For peer       | review only - http:/          | /bmjopen.bmj.       | com/site/abou | lt/guidelines.x      | ntml    |  | -   |

| 1  |   |  |   |  |   |          | 16   | BMJ (   |
|--|---|--|---|--|---|----------|--|---|
| <ul> <li>HCPs expressed</li> <li>emotions aligned</li> <li>with their</li> <li>individual</li> <li>professional</li> <li>values and</li> <li>beliefs systems</li> <li>and, most of the</li> <li>times, attempted</li> <li>to align their</li> <li>values associated</li> <li>with the MAiD</li> <li>ideology; at</li> <li>other times,</li> <li>legislation of</li> <li>respective</li> <li>yiurisdictions</li> <li>helped shape</li> <li>emotional</li> <li>experiences.</li> <li>Professional/</li> <li>legal</li> <li>Frank</li> <li>professional/</li> <li>4</li> <li>a</li> <li>a</li></ul> | 3,4,5,7,9,10,12,<br>15, <u>16</u> ,<br>17,20,22,24,27,<br>29,31, 33,35. | Moderate<br>Methodological<br>limitations<br>concerning<br>location of the<br>researcher<br>theoretically/c<br>ulturally, And<br>influence of<br>the researcher<br>on the research<br>and vice versa.<br>Also, selection<br>of participants<br>Paper 16, one<br>single hospital. | minor<br>concerns<br>regarding<br>coherence | No or very<br>minor<br>concerns<br>regarding<br>adequacy | No or very<br>minor<br>concerns<br>regarding<br>relevance | Moderate | terms of<br>generalizabilit<br>y to similar<br>groups in<br>different<br>settings.<br>Hence, we<br>have graded | as 10.1136/bmjopen-2021-058523 on 15 July 2022. Downloaded from http://br<br>Enseignement Superieur (ABES) .<br>Protected by copyright, including for uses related to text and data mining, |
| 45<br>46<br>47<br>48<br>49 <b>Discuss</b><br>50<br>51<br>52 This sy<br>53  | stematic review a<br>motional level' for                                | nd thematic meta-<br>HCPs involved in<br>review only - http:/  | providing MAi                               | D.   |   |          |  | njopen.bmj.com/ on June 11, 2025 at Agence Bibliographique de l<br><del>Al training, and simi</del> lar technologies.   |

# **Discussion:**

*Discourse on emotional Impact of MAiD in Benelux vs. Non-Benelux countries—key features:* 

The substantive and procedural requirements for MAiD across global jurisdictions rests on 3 main pillars: patients' right for self-determination and respect for bodily autonomy expressed through voluntariness of request and a valid, informed consent process, foreseeableness of natural death due to terminal medical illness and subjective nature of individual suffering (62,63). The key difference between the legislations for MAiD in Benelux countries and countries like the USA is the differential emphasis on eminent or foreseeableness of death. The MAiD legislations in Belgium, Netherlands, Switzerland, and Canada have a more permissive legal framework that allows people to access MAiD as a service to end their intolerable suffering that has no prospect of improvement but is not necessarily terminal.

On one end, attitudes of physicians towards MAiD has shown reflective trends to legislative standards; countries like Belgium and Netherlands find much stronger physician support than their USA counter parts (64). On the other end, public support towards MAiD has been reflective of the prevailing cultural and religious practices; central and eastern European countries have shown a decline in support with corresponding increase in religiosity as opposed to western European countries (65,66). The attempt by HCPs to align themselves with their own individual values, legislative standards and public perceptions while engaging in MAiD can lead to intense emotional responses, both, within their internal, personal and their external professional spaces.

An important take home message from this research is how legislations have a shaping effect on emotional responses. The HCPs who practice in the Benelux countries and Switzerland seem to experience reflective emotions over strong polarizing emotions expressed by HCPs who practice in non-Benelux countries like the USA. Canada seems to have a unique, transitional position—with the emphasis of the legislation going the Benelux countries' way, the HCPs emotional experiences show a mixture of emotions driven by their professional values as well as the ongoing societal discourse on MAiD. This observation

#### **BMJ** Open

conforms to Michel Foucault's position on how law acts as an element in the expansion of power(s) (67); legislatures along with other platforms of knowledge expression modulate every fiber of human society. Our narrative synthesis points out that the Law that limits application of MAiD to terminally illnesses provide for a more broad range of emotional expression. Thus, legislation on MAiD across the globe provides the HCP with a locus of administrative control which then decides how the emotional discourse around MAiD is shaped; the question is—*how* do we want the *emotional discourse* around MAiD to be shaped?

# Emotional discourse amongst HCPs involved in MAiD: position of the HCP and ethics of Care

The right to choose when and how to die has always been a contentious issue across various societies (68-70). Public perceptions on MAiD are shaped through societal emphasis on individual as well as contextual factors associated with assisted death—these are often linked with sense of identity, awareness of personal pain and suffering, religious beliefs regarding sanctity of human life and personal meaning of death, and loss of autonomy and dependence associated with illness-related intolerable suffering. With advancing medical technologies, the potential to prolong life has increased significantly (71,72), and the HCPs assumes a central position to shape the discourse around assisted death.

In countries where MAiD is legalized but is restricted to terminal illnesses with imminent chance of death, the position of a HCP continues to be one that of a provider of 'Care'. Here, the moral dimension of 'Care' continue to be defined as 'everything we do to maintain, continue or repair our world so that we can live in it as well as possible' (73). The Value of Care in context of health care have always been traditionally associated with attentiveness, responsibility, nurturance, compassion and meeting others' needs (74). While emotional responses to legal requests of hastening death is affected by policies, professional identity, commitment to patient autonomy, personal values and beliefs, the patient-clinician relationship and will vary on a case-by-case basis (75); this systematic review raises an important question—How does

BMJ Open: first published as 10.1136/bmjopen-2021-058523 on 15 July 2022. Downloaded from http://bmjopen.bmj.com/ on June 11, 2025 at Agence Bibliographique de l Enseignement Superieur (ABES).

Protected by copyright, including for uses related to text and data mining, Al training, and similar technologies

legalizing MAiD with emphasis on alleviating intolerable suffering without the context of a terminal illness change the moral dimensions of Care?

## Conclusion:

The myriad of emotions experienced by HCPs participating in MAiD are influenced by their individual socio-cultural values, professional role and position in the health care system and the legal framework under which they practice MAiD. This emotional discourse is rich and diverse; HCPs experience dimensions of strong positive/negative emotions, reflective, sense-making emotions and/or professional value driven emotions. HCPs practicing MAiD under jurisdictions that require terminal illness as an essential criterion experience more polarized, positive/negative emotion. HCPs practicing in jurisdictions that do not require this as an essential criterion but are legislated with greater emphasis on allaying intolerable suffering experience more reflective emotions driven by the larger societal discourse around MAiD.

# Limitations of the review:

This review is limited by its focus of emotional impact on HCPs only and the obvious selection bias in the included studies—those who could and volunteered to express their emotions are represented in the review. The review is also limited with absence of sub-group analysis with respect to HCPs' age, years of experience and the influence of gender on the emotional discourse on MAiD. In addition, although our search strategy does include specialized bibliographic databases and an extensive grey literature search, inclusion of only English language studies likely points towards high risk of publication bias.

elien

There are several gaps in our understanding of the emotional impact on HCPs involved in MAiD that would benefit from further research. Unbearable or intolerable suffering is the driving force for patients

#### **BMJ** Open

requesting MAiD, and an empathetic understanding of suffering regulates the unique emotional experience of a HCP providing MAiD. An in-depth exploration of this nebulous concept of intolerable suffering in context of MAiD may help HCPs navigate their emotional experience while providing MAiD.

**Ethics statement**: This is a systematic review and meta-synthesis of already published and accessible research data and does not require ethics committee or Institutional board approval.

Acknowledgements: The authors acknowledge the valuable contribution of Erica Lenton, Heather Cunningham (Library services, Gerstein's library, University of Toronto) and Fiona Inglis (Library services, Center for Addiction and Mental Health, University of Toronto) for consultations and assistance with devising the search strategy.

**Contributorship Statement**: The authors confirm contribution to this systematic review and metasynthesis as follows:

- study conception and design: Dr. Saumil Dholakia, Dr. Alireza Bagheri, Dr. Alexander Simpson.
- development of eligibility criteria: Dr. Saumil Dholakia, Dr. Alireza Bagheri and Dr. Alexander Simpson.
- search strategy developed by Erica Lenton, Heather Cunningham (Library services, Gerstein's library, University of Toronto) and Fiona Inglis (Library services, Center for Addiction and Mental Health, University of Toronto) in close consultation with Dr. Saumil Dholakia and reviewed by Dr. Alireza Bagheri and Dr. Alexander Simpson.
- Study selection and data extraction process by Dr. Saumil Dholakia and independently reviewed by Dr. Alireza Bagheri and Dr. Alexander Simpson.
- Dr. Saumil Dholakia performed the assessment of risk of bias, which was independently reviewed by Dr. Alireza Bagheri and Dr. Alexander Simpson.

Page 22 of 69

- All three authors were involved equally in performing the qualitative meta-synthesis and • CERQual assessment.
  - Draft manuscript preparation: Dr. Saumil Dholakia with multiple reviews, feedback and edits in form as well as content by Dr. Alireza Bagheri and Dr. Alexander Simpson.
  - All authors reviewed the results and approved the final version of the manuscript.

**Competing interests**: The authors disclose no competing interests.

Funding Acknowledgment: This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

Data sharing: Data set "Codes and themes-qualitative analysis MAiD HCP emotional impact" submitted to DRYAD, doi:10.5061/dryad.08kprr53k 

# **References:**

- 1. Simpson AIF. Medical Assistance in Dying and Mental Health: A Legal, Ethical, and Clinical Analysis. Can J Psychiatry. 2018; 63(2):80-84. doi:10.1177/0706743717746662
- 2. Incardona N, Bean S, Reel K, Wagner F. An ethics-based analysis and recommendations for implementing physician assisted dying in Canada. Toronto: Joint Centre for Bioethics, University of Toronto. February 3, 2016. Available: http://jcb.utoronto.ca/news/documents/JCB-PAD-Discussion-Paper-2016.pdf

| ada. C  |
|---------|
| 5;      |
| and a   |
| ameno   |
| vw.par  |
| I/C-14  |
|         |
| a; July |
| stance  |
| nt of   |
| ndex.h  |
| alth C  |
| ces/m   |
|         |
| :h438   |
|         |
| licine. |
|         |
|         |

BMJ Open: first published as 10.1136/bmjopen-2021-058523 on 15 July 2022. Downloaded from http://bmjopen.bmj.com/ on June 11, 2025 at Agence Bibliographique de I Enseignement Superieur (ABES) . Protected by copyright, including for uses related to text and data mining, Al training, and similar technologies.

| (    | ON,       | CA:       | Library         | of         | Parliament         | Research       | Publications;        | 2       |
|------|-----------|-----------|-----------------|------------|--------------------|----------------|----------------------|---------|
| ł    | nttps://v | vww.des   | slibris.ca/ID/  | 1010325    | 56                 |                |                      |         |
| . /  | Aser Gar  | cía Rada  | ı. Spain will b | ecome t    | he sixth country   | worldwide to   | allow euthanasia a   | nd ass  |
| 9    | uicide. I | 3MJ 202   | 1; 372. doi: ł  | nttps://d  | loi.org/10.1136/   | ′bmj.n147      |                      |         |
| . (  | C-14 (42- | -1) - Roy | al Assent - A   | n Act to   | amend the Crim     | inal Code and  | to make related an   | nendm   |
| t    | o other   | Acts (me  | edical assista  | nce in d   | ying) - Parliamer  | nt of Canada.  | (2016). http://www   | .parl.g |
| F    | Retrieve  | d Jan 2   | 23, 2021, fr    | om http    | o://www.parl.ca    | /DocumentVi    | ewer/en/42-1/bill/0  | C-14/r  |
| ā    | issent    |           |                 |            |                    |                |                      |         |
| . F  | irst Anr  | nual Rep  | oort on Med     | ical Assi  | stance in Dying    | , 2019. Ottav  | va: Health Canada;   | July 2  |
| 1    | Available | e from:   | https://wv      | vw.cana    | da.ca/en/health    | -canada/serv   | ices/medical-assista | ince-d  |
| ā    | annual-re | eport-20  | )19.html        |            |                    |                |                      |         |
| . f  | roposed   | d chang   | es to Canada    | a's medi   | ical assistance in | n dying legisl | ation. Department    | of Ju   |
| (    | Decemb    | er 2020   | ). Retrieved f  | from htt   | ps://www.justic    | e.gc.ca/eng/c  | sj-sjc/pl/ad-am/ind  | ex.htn  |
| . 9  | Second A  | Annual F  | Report on Me    | edical As  | ssistance in Dyir  | ng in Canada   | 2020. Ottawa: Heal   | th Car  |
| J    | une 20    | )21. Av   | vailable fro    | m: h       | ttps://www.can     | ada.ca/en/he   | alth-canada/service  | es/meo  |
| ā    | assistanc | e-dying,  | /annual-repo    | ort-2020   | .html              |                |                      |         |
| . ł  | Hurley F  | R. A do   | octor who       | chose a    | an assisted dea    | ath. BMJ. 20   | 015 Aug 19;351:h     | 4385.   |
| -    | LO.1136/  | /bmj.h43  | 385.            |            |                    |                |                      |         |
| 0. \ | /arelius  | J. Volur  | ntary euthan    | asia, ph   | ysician-assisted   | suicide, and   | the goals of medic   | ine. J  |
| 1    | hilos. 20 | 006 Apr;  | :31(2):121-37   | 7. doi: 1( | ).1080/0360531     | 0600588665.    |                      |         |

- Laura Eggertson. Most palliative physicians want no role in assisted death. CMAJ Apr 2015, 187
   (6) E177; DOI: 10.1503/cmaj.109-5003.
- Berghs M, Dierckx de Casterlé B, Gastmans C. The complexity of nurses' attitudes toward euthanasia: a review of the literature. J Med Ethics. 2005;31(8):441-446. doi:10.1136/jme.2004.009092
- Pesut B, Thorne S, Greig M, Fulton A, Janke R, Vis-Dunbar M. Ethical, policy, and practice implications of nurses' experiences with assisted death: a synthesis. Adv Nurs Sci. 2019;42(3):216–30.
- Fujioka JK, Mirza RM, McDonald PL, Klinger CA. Implementation of Medical Assistance in Dying: A Scoping Review of Health Care Providers' Perspectives. J Pain Symptom Manage. 2018 Jun;55(6):1564-1576.e9. doi: 10.1016/j.jpainsymman.2018.02.011. Epub 2018 Feb 23.
- 15. Brooks L. Health Care Provider Experiences of and Perspectives on Medical Assistance in Dying: A Scoping Review of Qualitative Studies. Can J Aging Rev Can Vieil. 2019 Jan 10;1–13.
- 16. Stevens KR Jr. Emotional and psychological effects of physician-assisted suicide and euthanasia on participating physicians. Issues Law Med. 2006 Spring;21(3):187-200.
- 17. Haverkate I, van der Heide A, Onwuteaka-Philipsen BD, van der Maas PJ, van der Wal G. The emotional impact on physicians of hastening the death of a patient. Med J Aust. 2001 Nov 19;175 (10):519-22. doi: 10.5694/j.1326-5377.2001.tb143707.x
- Cooke A, Smith D, Booth A. Beyond PICO: The SPIDER Tool for Qualitative Evidence Synthesis. Qual Health Res [Internet]. 2012 Oct [cited 2019 Apr 2];22(10):1435–43. Available from: http://journals.sagepub.com/doi/10.1177/1049732312452938

## **BMJ** Open

| 19. |              | alth Act (R.S.C<br>rom https://lav |                |               |                |               | nent of Canada   | a (2017). |
|-----|--------------|------------------------------------|----------------|---------------|----------------|---------------|------------------|-----------|
| 20. |              | •                                  | ·              |               |                | -             | e Medical Assis  | stance in |
|     | Dying        | [Internet].                        | [cited         | 2019          | Aug            | 6].           | Available        | from:     |
|     | http://healt | th.gov.on.ca/e                     | n/pro/progra   | ams/maid/#    | maid           |               |                  |           |
| 21. | Paez A. Gra  | ay literature: A                   | An important   | resource i    | n systematio   | c reviews. J  | Evid Based Mo    | ed. 2017  |
|     | Aug;10(3):2  | 233-240. doi: 1                    | 0.1111/jebm    | .12266        |                |               |                  |           |
| 22. | Godin K, St  | tapleton J, Kir                    | kpatrick SI, I | Hanning RN    | 1, Leatherda   | le ST. Appl   | ying systemati   | c review  |
|     |              |                                    |                |               | -              |               | lines for scho   |           |
|     | breakfast p  | rograms in Car                     | nada. Syst Re  | v. 2015 Oct   | 22;4:138. do   | oi: 10.1186/  | ′s13643-015-01   | .25-0.    |
| 23. |              |                                    |                |               |                |               | Appraisal Tool   | s (2017). |
|     | Retrieved fr | rom https://joa                    | annabriggs.o   | rg/critical-a | ppraisal-too   | ls            |                  |           |
| 24. | Lockwood     | C, Munn Z, Po                      | orritt K. Qua  | litative res  | earch synth    | esis: methc   | odological guid  | ance for  |
|     | systematic   | reviewers utiliz                   | zing meta-ag   | gregation. Ir | nt J Evid Base | ed Healthc. 2 | 2015 Sep;13(3)   | :179–87.  |
| 25. | Lewin S, Bo  | oth A, Glentor                     | n C, Munthe-   | Kaas H, Rasł  | nidian A, Wa   | inwright M,   | et al. Applying  | GRADE-    |
|     |              | ·                                  |                |               |                |               | series. Implei   |           |
|     | [Internet].  | 2018 Jai<br>.org/10.1186/s         | -              | cited 201     | 18 Dec         | 6];13(1):2    | . Available      | from:     |
| •   | •            | _                                  |                |               |                |               |                  |           |
| 26. |              |                                    |                | ·             |                | 0.            | hysician-assiste | , с       |
|     |              | 08-17. doi: 10.                    |                |               |                |               | . derontologis   | 51. 2014  |
|     | /- (-)-0     | ••                                 | , 02.27        | . J P         |                |               |                  |           |
|     |              |                                    |                |               |                |               |                  |           |

For peer review only - http://bmjopen.bmj.com/site/about/guidelines.xhtml

- 27. van Marwijk H, Haverkate I, van Royen P, The AM. Impact of euthanasia on primary care physicians in the Netherlands. Palliat Med. 2007 Oct;21(7):609-14. doi: 10.1177/0269216307082475.
- 28. Denier Y, Dierckx de Casterlé B, De Bal N, Gastmans C. "It's intense, you know." Nurses' experiences in caring for patients requesting euthanasia. Med Health Care Philos. 2010 Feb;13(1):41-8. doi: 10.1007/s11019-009-9203-1. Epub 2009 Apr 18.
- 29. Georges JJ, The AM, Onwuteaka-Philipsen BD, van der Wal G. Dealing with requests for euthanasia: a qualitative study investigating the experience of general practitioners. J Med Ethics. 2008 Mar;34(3):150-5. doi: 10.1136/jme.2007.020909.
- 30. Dolores Angela Castelli Dransart, Elena Scozzari & Sabine Voélin (2017) Stances on Assisted Suicide by Health and Social Care Professionals Working With Older Persons in Switzerland, Ethics & Behavior, 27:7, 599-614, DOI: <u>10.1080/10508422.2016.1227259</u>
- 31. Otte IC, Jung C, Elger B, Bally K. "We need to talk!" Barriers to GPs' communication about the option of physician-assisted suicide and their ethical implications: results from a qualitative study. Med Health Care Philos. 2017 Jun;20(2):249-256. doi: 10.1007/s11019-016-9744-z.
- 32. Shaw J, Wiebe E, Nuhn A, Holmes S, Kelly M, Just A. Providing medical assistance in dying: Practice perspectives. Can Fam Physician. 2018 Sep;64(9):e394-e399
- 33. Bouthillier ME, Opatrny L. A qualitative study of physicians' conscientious objections to medical aid in dying. Palliat Med. 2019 Oct;33(9):1212-1220. doi: 10.1177/0269216319861921. Epub 2019 Jul 8
- 34. Bruce A, Beuthin R. Medically Assisted Dying in Canada: "Beautiful Death" Is Transforming Nurses'
  Experiences of Suffering. Can J Nurs Res. 2019 Jun 12:844562119856234. doi: 10.1177/0844562119856234

#### **BMJ** Open

35. Buchbinder M, Brassfield ER, Mishra M. Health Care Providers' Experiences with Implementing Medical Aid-in-Dying in Vermont: a Qualitative Study. J Gen Intern Med. 2019 Apr;34(4):636-641. doi: 10.1007/s11606-018-4811-1. Epub 2019 Jan 25. 36. Sheridan, Laura, "When Patients Ask to Die: The Role of Nurses in Medical Assistance in Dying" (2017). Electronic Thesis and Dissertation Repository. 5041. https://ir.lib.uwo.ca/etd/5041 37. Snijdewind MC, van Tol DG, Onwuteaka-Philipsen BD, Willems DL. Complexities in euthanasia or physician-assisted suicide as perceived by Dutch physicians and patients' relatives. J Pain Symptom Manage. 2014 Dec;48(6):1125-34. doi: 10.1016/j.jpainsymman.2014.04.016. Epub 2014 Jun 12. 38. Van Tol DG, Rietjens JA, van der Heide A. Empathy and the application of the 'unbearable suffering' criterion in Dutch euthanasia practice. Health Policy. 2012 May;105(2-3):296-302. doi: 10.1016/j.healthpol.2012.01.014. 39. Beuthin R, Bruce A, Scaia M. Medical assistance in dying (MAiD): Canadian nurses' experiences. Nurs Forum. 2018 Oct;53(4):511-520. doi: 10.1111/nuf.12280. Epub 2018 Jul 4. 40. Dees MK, Vernooij-Dassen MJ, Dekkers WJ, Elwyn G, Vissers KC, van Weel C. Perspectives of decision-making in requests for euthanasia: a qualitative research among patients, relatives and treating physicians in the Netherlands. Palliat Med. 2013 Jan;27(1):27-37. doi: 10.1177/0269216312463259. Epub 2012 Oct 26. 41. Beuthin R. Cultivating Compassion: The Practice Experience of a Medical Assistance in Dying Coordinator in Canada. Qual Health Res. doi: Sep;28(11):1679-1691. 10.1177/1049732318788850.

BMJ Open: first published as 10.1136/bmjopen-2021-058523 on 15 July 2022. Downloaded from http://bmjopen.bmj.com/ on June 11, 2025 at Agence Bibliographique de l Enseignement Superieur (ABES) . Protected by copyright, including for uses related to text and data mining, Al training, and similar technologies.

- 42. Alison A. Townsley. Putting a Bow on Death and Dying-Health Care Professionals' Experiences with Medical Assistance in Dying (MAiD): A Foucauldian Discourse Analysis with Agambian Insights. [Practice Based Research Paper on the Internet]. York University School of Social Work; 2018. [Cited February 28,2019] Available from: https://yorkspace.library.yorku.ca/xmlui/bitstream/handle/10315/35613/Alison\_Townsley\_PRP \_2018.pdf?sequence=1
- 43. Beuthin R, Bruce A, Hopwood MC, Robertson WD, Bertoni K. Rediscovering the art of medicine, rewards, and risks: Physicians' experience of providing medical assistance in dying in Canada. SAGE Open Med. 2020 Mar 13;8:2050312120913452. doi: 10.1177/2050312120913452
- 44. Snijdewind MC, van Tol DG, Onwuteaka-Philipsen BD, Willems DL. Developments in the practice of physician-assisted dying: perceptions of physicians who had experience with complex cases. J Med Ethics. 2018 May;44(5):292-296. doi: 10.1136/medethics-2016-103405. Epub 2016 Aug 5.
- 45. Volker DL. Oncology nurses' experiences with requests for assisted dying from terminally ill patients with cancer. Oncol Nurs Forum. 2001 Jan-Feb;28(1):39-49.
- 46. Wright DK, Chirchikova M, Daniel V, Bitzas V, Elmore J, Fortin ML. Engaging with patients who desire death: Interpretation, presence, and constraint. *Can Oncol Nurs J*. 2017;27(1):56-64. Published 2017 Feb 1. doi:10.5737/236880762715664
- 47. Norton EM, Miller PJ. What their terms of living and dying might be: hospice social workers discuss
  Oregon's Death with Dignity Act. J Soc Work End Life Palliat Care. 2012;8(3):249-64. doi: 10.1080/15524256.2012.708295

#### **BMJ** Open

48. Ten Cate K, van Tol DG, van de Vathorst S. Considerations on requests for euthanasia or assisted suicide; a qualitative study with Dutch general practitioners. Fam Pract. 2017 Nov 16;34(6):723-729. doi: 10.1093/fampra/cmx041. 49. Fausto Melchor, Veronica Lorraine, "HOSPICE SOCIAL WORKERS' ATTITUDE ON PHYSICIAN-ASSISTED SUICIDE AND PRACTICE UNDER CALIFORNIA'S END OF LIFE OPTION ACT" (2018). Electronic Theses, Projects, and Disser tations . 632. https://scholarworks.lib.csusb.edu/etd/632 50. Miller PJ, Mesler MA, Eggman ST. Take some time to look inside their hearts: hospice social workers contemplate physician assisted suicide. Soc Work Health Care. 2002;35(3):53-64. doi: 10.1300/J010v35n03 04. 51. Bolt EE, Flens EQ, Pasman HR, Willems D, Onwuteaka-Philipsen BD. Physician-assisted dying for children is conceivable for most Dutch paediatricians, irrespective of the patient's age or competence to decide. Acta Paediatr. 2017 Apr;106(4):668-675. doi: 10.1111/apa.13620. Epub 2016 Nov 14. 52. Harvath, Theresa A. PhD, RN, CNS; Miller, Lois L. PhD, RN; Smith, Kathryn A. MS, RN; Clark, Lisa D. MS, RN; Jackson, Ann MBA; Ganzini, Linda MD, MPH Dilemmas Encountered by Hospice Workers When Patients Wish to Hasten Death, Journal of Hospice & Palliative Nursing: July-August 2006 -Volume 8 - Issue 4 - p 200-209 53. Van de Scheur A, van der Arend A. The role of nurses in euthanasia: a Dutch study. Nurs Ethics. 1998 Nov;5(6):497-508. doi: 10.1177/096973309800500604. 54. Bélanger E, Towers A, Wright DK, et al. Of dilemmas and tensions: a qualitative study of palliative care physicians' positions regarding voluntary active euthanasia in Quebec, Canada. Journal of Medical Ethics 2019;45:48-53.

Page 30 of 69

- 55. Schwarz JK. Responding to persistent requests for assistance in dying: a phenomenological inquiry. Int J Palliat Nurs. 2004 May;10(5):225-35; discussion 235. doi: 10.12968/ijpn.2004.10.5.13071.
  - 56. Gamondi C, Borasio GD, Oliver P, Preston N, Payne S. Responses to assisted suicide requests: an interview study with Swiss palliative care physicians. BMJ Support Palliat Care. 2019 Mar;9(1):e7. doi: 10.1136/bmjspcare-2016-001291. Epub 2017 Aug 11.
- 57. Allyson Oliphant. "If Not Me, Then Who?" The Narratives of Medical Aid in Dying (MAiD) Providers and Supporters Around Their Professional Identity and Role in MAiD [Thesis on the Internet]. MacMaster University; 2017. [Cited on February 10, 2019]. Available from <u>http://hdl.handle.net/11375/22146</u>
- 58. Khoshnood N, Hopwood MC, Lokuge B, Kurahashi A, Tobin A, Isenberg S, Husain A. Exploring Canadian Physicians' Experiences Providing Medical Assistance in Dying: A Qualitative Study. J Pain Symptom Manage. 2018 Aug;56(2):222-229.e1. doi: 10.1016/j.jpainsymman.2018.05.006.
- 59. Durant KL, Kortes-Miller K. Physician snapshot: the forming landscape of MAiD in northwestern Ontario. *Palliat Care Soc Pract*. 2020;14:2632352420932927. Published 2020 Aug 13. doi:10.1177/2632352420932927
- 60. Pesut, B., Thorne, S., Schiller, C.J. et al. The rocks and hard places of MAiD: a qualitative study of nursing practice in the context of legislated assisted death. BMC Nurs 19, 12 (2020). https://doi.org/10.1186/s12912-020-0404-5
- Mathews JJ, Hausner D, Avery J, Hannon B, Zimmermann C, Al-Awamer A. Impact of Medical Assistance in Dying on palliative care: A qualitative study. Palliat Med. 2021 Feb;35(2):447-454. doi: 10.1177/0269216320968517

#### **BMJ** Open

62. Shariff MJ. Assisted death and the slippery slope-finding clarity amid advocacy, convergence, and complexity. Curr Oncol. 2012;19(3):143-154. doi:10.3747/co.19.1095 63. State of Knowledge on Medical Assistance in Dying for Mature Minors, Advance Requests, and Where a Mental Disorder Is the Sole Underlying Medical Condition: Summary of Reports. [Internet]. Ottawa, Canada: The Council of Canadian Acadamies; 2018. Available from: https://cca-reports.ca/reports/medical-assistance-in-dying/ 64. Emanuel EJ, Onwuteaka-Philipsen BD, Urwin JW, Cohen J. Attitudes and Practices of Euthanasia and Physician-Assisted Suicide in the United States, Canada, and Europe. JAMA. 2016 Jul 5;316(1):79-90. 65. Cohen J, Van Landeghem P, Carpentier N, Deliens L. Different trends in euthanasia acceptance across Europe. A study of 13 western and 10 central and eastern European countries, 1981-2008. Eur J Public Health. 2013 Jun;23(3):378-80 66. Cohen J, Van Landeghem P, Carpentier N, Deliens L. Public acceptance of euthanasia in Europe: a survey study in 47 countries. Int J Public Health. 2014 Feb;59(1):143–56. 67. Turkel, Gerald. "Michel Foucault: Law, Power, and Knowledge." Journal of Law and Society, vol. 17, no. 2, 1990, pp. 170–193. JSTOR, www.jstor.org/stable/1410084. Accessed 28 Jan. 2021. 68. Gómez-Vírseda, C. John Keown: Euthanasia, ethics and public policy: an argument against legalisation, 2nd edition. Theor Med Bioeth 41, 61–66 (2020). https://doi.org/10.1007/s11017-020-09518-9 69. Shimoda M. "Death with dignity" in the Japanese context. J Int Bioethique. 2005 Mar-Jun;16(1-2):125-34, 197. PMID: 16637137.

- 70. Street AF, Kissane DW. Discourses of the body in euthanasia: symptomatic, dependent, shameful and temporal. Nurs Inq. 2001 Sep;8(3):162-72. doi: 10.1046/j.1440-1800.2001.00110.x.
- 71. Paul Kiet Tang. Future of Medicine: A 30 year perspective. The Lancet. November 2017; 5(11): 855-856.
- 72. The Lancet Respiratory Medicine. Prolonging life at all costs: quantity versus quality. Lancet Respir Med. 2016 Mar;4(3):165. doi: 10.1016/S2213-2600(16)00059-X. Epub 2016 Feb 16.
- 73. Tronto J. Care as the Work of Citizens: A Modest Proposal. In: Friedman M, editor. Women and Citizenship. Oup Usa; 2005. p. 130–145.
- 74. Tronto, Joan C. *Moral Boundaries: A Political Argument for an Ethic of Care*. New York: Routledge, 1993.
- 75. Patel T, Christy K, Grierson L, *et al.* Clinician responses to legal requests for hastened death: a systematic review and meta-synthesis of qualitative research *BMJ Supportive & Palliative Care* Published Online First: 29 June 2020. doi: 10.1136/bmjspcare-2019-002018.

Figure 1: PRISMA flow diagram: The PRIMSA diagram details our search and selection process applied during the review.

| 1<br>2                                    |  |
|---|--|
| 1<br>2<br>3<br>4<br>5<br>6<br>7<br>8<br>9 |  |
| 5<br>6<br>7                               |  |
| 8<br>9                                    |  |
| 10<br>11                                  |  |
| 12<br>13                                  |  |
| 14<br>15<br>16                            |  |
| 17<br>18                                  |  |
| 19<br>20                                  |  |
| 21<br>22<br>23                            |  |
| 23<br>24<br>25                            |  |
| 26<br>27                                  |  |
| 28<br>29<br>30                            |  |
| 30<br>31<br>32                            |  |
| 33<br>34                                  |  |
| 35<br>36<br>37                            |  |
| 37<br>38<br>39                            |  |
| 40<br>41                                  |  |
| 42<br>43                                  |  |
| 44<br>45<br>46                            |  |
| 47<br>48                                  |  |
| 49<br>50                                  |  |
| 51<br>52<br>53                            |  |
| 55<br>54<br>55                            |  |
| 56<br>57                                  |  |



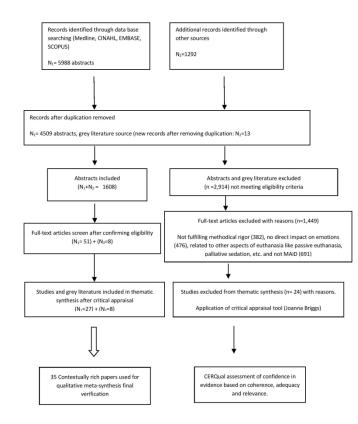


Figure 1: PRISMA flow diagram: The PRIMSA diagram details our search and selection process applied during the review.

215x279mm (300 x 300 DPI)

## BMJ Open

| Supplementary appendix 1:         Database: Ovid MEDLINE(R) ALL <1946 to October 04, 2021>         Search Strategy:   | Supplementary appendix 1:         Database: Ovid MEDLINE(R) ALL <1946 to October 04, 2021>         Search Strategy:   | 1  |   |
|---|---|----|---|
| Automic and a product of a second  | Database: Ovid MEDLINE(R) ALL <1946 to October 04, 2021>         Search Strategy:   |    |   |
| 5       Database: Ovid MEDLINE(R) ALL <1946 to October 04, 2021>         6       Search Strategy:         7       Terminally ill/ (6684)         1       euthanasia, active/ or euthanasia, active, voluntary/ or hospice care/ or suicide, assisted/ (14808)         1       2         1       euthanasia, active/ or euthanasia, active, voluntary/ or hospice care/ or suicide, assisted/ (14808)         1       3         1       euthanasia, active/ or euthanasia, active, voluntary/ or hospice care/ or suicide, assisted/ (14808)         1       terminal (are/ (29907)         3       advance care planning/ or advance directives/ (9125)         6       ((dying or death or euthan* or suicide or terminal* ill*) adj5 (assist* or hasten*)).tw,kf. (5952)         7       Palliative care/ (58012)         8       exp Practice Patterns, Physicians/es [Ethics] (812)         9       physician* orle/ (30584)         10       Health Personnel/ (52294)         11       (1health care provider or clinician* or doctor* or psychologist* or nurse or social work* or oncologist*         or palliative physician or nursing or psychiatrist* or psychologist* or psychotherapist*) adj3         (experience* or emotion* or feeling*)); tw, kf. (23976)         12       (1nterview: or experience).mp, or qualitative.tw. (1655368)         13       health personnel/ or allet personnel   | 5       Database: Ovid MEDLINE(R) ALL <1946 to October 04, 2021>         5       Search Strategy:         1       euthanasia, active/ or euthanasia, active, voluntary/ or hospice care/ or suicide, assisted/ (14808)         2       terminally III/ (664)         13       Right to die (4950)         14       Terminal care/ (29907)         15       advance care planning/ or advance directives/ (9125)         16       (dving or death or euthan* or suicide or terminal* III*) adj5 (assist* or hasten*)).tw,kf. (5952)         17       Pallative care/ (58012)         18       exp Practice Patterns, Physicians'/els [Ethics] (812)         19       physician's role/ (30584)         10       Health Personnel/ (52294)         11       ((health care provider or clinician* or doctor* or physician* or nurse or social work* or oncologist* or pallative physician or nursing or psychiatrist* or psychologist* or psychotherapist*) adj3         (experience* or emotion* or feeling*)).tw,kf. (155368)       13         12       (Interview: or experience*).mp. or qualitative.tw. (1655368)         13       health personnel/ or anesthetists/ or caregivers/ or case managers/ or "coroners and medical examiners*/ or medical staff/ or exp nurses/ or musing staff/ or occupational therapists/ or personnel, hospital/ or pheatin acility administrators/ or medical staff/ or occupational therapists/ or physician science*, now, f(431546)         14       (ethnograp  |    | Supplementary appendix 1:   |
| Search Strategy:         9         1       euthanasia, active/ or euthanasia, active, voluntary/ or hospice care/ or suicide, assisted/ (14808)         1       euthanasia, active/ or euthanasia, active, voluntary/ or hospice care/ or suicide, assisted/ (14808)         1       terminally ill/ (6684)         1       Terminal care/ (2907)         5       advance care planning/ or advance directives/ (9125)         6       ((dying or death or euthan* or suicide or terminal* ill*) adj5 (assist* or hasten*)).tw,kf. (5952)         7       Palliative care/ (58012)         8       exp Practice Patterns, Physicians'/es [Ethics] (812)         9       physician's role/ (30584)         10       Health Personnel/ (52294)         11       ((health care provider or clinician* or doctor* or physician* or nurse or social work* or oncologist* or palliative physician or nursing or psychiatrist* or psychologist* or psychotherapist*) adj3         (experience* or emotion* or feeling*)).tw,kf. (23976)         12       (Interview: or experience).mp. or qualitative.tw. (1655368)         13       health personnel/ or aliel dhealth personnel/ or anesthetists/ or caregivers/ or case managers/ or "coroners and medical examiners"/ or emergency medical lataff/ or exp nurses/ or nursing staff/ or occupational therapists/ or personnel/ or medical staff/ or exp nurses/ or nursing staff/ or occupational therapists/ or ponunded theory or qualitative research or thematic analysis or semi-structured interview* or narative  | Search Strategy:<br>Terminal care/ 2907)<br>1 euthanasia, active/ or euthanasia, active, voluntary/ or hospice care/ or suicide, assisted/ (14808)<br>2 terminal care/ (29907)<br>5 advance care planning/ or advance directives/ (9125)<br>6 ((dying or death or euthan* or suicide or terminal* lil*) adj5 (assist* or hasten*)).tw,kf. (5952)<br>7 Palliative care/ (58012)<br>8 exp Practice Patterns, Physicians'/es [Ethics] (812)<br>9 physician's role/ (30584)<br>10 Health Personnel/ (52294)<br>11 ((health care provider or clinician* or doctor* or physician* or nurse or social work* or oncologist*<br>or palliative physician or nursing or psychiatrist* or psychologist* or psychotherapist*) adj3<br>(experience* or emotion* or feeling*1):tw,kf. (155368)<br>13 health personnel/ or alleld health personnel/ or anesthetist5/ or caregivers/ or case managers/ or<br>"coroners and medical examiners"/ or emergency medical dispatcher/ or epidemiologistJ or faculty,<br>medical/ or faculty, nursing/ or psychiatl/ or pharmacists/ or physical therapists/ or physician<br>executives: or experience: hospital/ or pharmacists/ or physical therapists/ or physican<br>executives/ or exploysicians/ (431546)<br>14 (ethnograph* or grounded theory or qualitative research or thematic analysis or semi-structured<br>interview* or arrative inquiry or focus* group or content analysis or discurse or lived life<br>experience*).tw,kf. (156494)<br>15 adi in dying.mp. (243)<br>16 death with dignity.mp. (607)<br>17 MAID.mp. (458)<br>20 physician assisted dying.mp. (142)<br>22 (assisted suicide or physical assisted suicide).tw,kf. (3163)<br>23 Qualitative Research/ (67825)<br>24 1 or 2 or 3 or 4 or 5 or 6 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 (55486)<br>25 7 or 8 or 9 or 10 or 11 or 13 (527655)<br>26 12 or 14 or 23 (1692068)<br>27 24 and 25 and 26 (5490)<br>28 limit 27 to dragetage (5073)<br>30 limit 29 to abstracts (4876)  |    |   |
| Search Strategy.           1         euthanasia, active/ or euthanasia, active, voluntary/ or hospice care/ or suicide, assisted/ (14808)           2         terminally ill/ (6684)           3         Right to die/ (4950)           4         Terminal care/ (29907)           5         advance care planning/ or advance directives/ (9125)           6         ((dying or death or euthan* or suicide or terminal* ill*) adj5 (assist* or hasten*)).tw,kf. (5952)           7         Palliative care/ (58012)           8         exp Practice Patterns, Physicians'es [Ethics] (812)           9         physician* sole/ (30584)           10         Health Personnel/ (52294)           21         (Interview: or emotion* or feeling*)).tw,kf. (23976)           22         (Interview: or experience:).mp. or qualitative: twu. (1655368)           23         (experience*) or medical examiners"/ or emergency medical dispatcher/ or epidemiologists/ or faculty, medical/ or faculty, nursing/ or health deuctacrs/ or health facility administrators/ or musical chaperones/ or musing or physician           24         (ethnograph* or grounded theory or qualitative tresearch or thematic analysis or semi-structured interview* or narrative inquiry or focus* group or content analysis or discourse or lived life           25         aid in dying.mp. (243)           26         feath with dignity.mp. (607)           27         fill C14.mp. (24) <td>Joint Stategy.           1         euthanasia, active/ or euthanasia, active, voluntary/ or hospice care/ or suicide, assisted/ (14808)           2         terminally ill/ (6684)           3         Right to die/ (4950)           4         Terminal care/ (29907)           5         advance care planning/ or advance directives/ (9125)           6         ((dying or death or euthan* or suicide or terminal* ill*) adj5 (assist* or hasten*)).tw,kf. (5952)           7         Palliative care/ (58012)           8         exp Practice Patterns, Physicians/es [Ethics] (812)           9         physician's role/ (30584)           10         Health Personnel/ (52294)           11         ((health care provider or clinician* or doctor* or physician* or nurse or social work* or oncologist* or pallative physician or nursing or psychiatrist* or psychologist* or psychotherapist*) adj3           (experience* or emotion* or feeling*)).tw,kf. (23976)           12         (Interview: or experience:).mp. or qualitative.tw. (1655368)           13         health personnel/ or alled health personnel/ or anesthetists/ or caregivers/ or case managers/ or "coroners and medical examiners"/ or emergency medical disptcher/ or explorinologists/ or physical therapists/ or physical therapists/ or physical active, wring staff/ or occupational therapists/ or personnel, hospital/ or pharmacists/ or physical therapists/ or physician executives/ or exp physicians (431546)           14         (ethnograph* or grounded th</td> <td></td> <td></td> | Joint Stategy.           1         euthanasia, active/ or euthanasia, active, voluntary/ or hospice care/ or suicide, assisted/ (14808)           2         terminally ill/ (6684)           3         Right to die/ (4950)           4         Terminal care/ (29907)           5         advance care planning/ or advance directives/ (9125)           6         ((dying or death or euthan* or suicide or terminal* ill*) adj5 (assist* or hasten*)).tw,kf. (5952)           7         Palliative care/ (58012)           8         exp Practice Patterns, Physicians/es [Ethics] (812)           9         physician's role/ (30584)           10         Health Personnel/ (52294)           11         ((health care provider or clinician* or doctor* or physician* or nurse or social work* or oncologist* or pallative physician or nursing or psychiatrist* or psychologist* or psychotherapist*) adj3           (experience* or emotion* or feeling*)).tw,kf. (23976)           12         (Interview: or experience:).mp. or qualitative.tw. (1655368)           13         health personnel/ or alled health personnel/ or anesthetists/ or caregivers/ or case managers/ or "coroners and medical examiners"/ or emergency medical disptcher/ or explorinologists/ or physical therapists/ or physical therapists/ or physical active, wring staff/ or occupational therapists/ or personnel, hospital/ or pharmacists/ or physical therapists/ or physician executives/ or exp physicians (431546)           14         (ethnograph* or grounded th   |    |   |
| 9       1       euthanasia, active/ or euthanasia, active, voluntary/ or hospice care/ or suicide, assisted/ (14808)         10       2       terminally ill/ (6684)         11       3       Right to die/ (4950)         12       4       Terminal care/ (29907)         13       5       advance care planning/ or advance directives/ (9125)         16       (Idying or death or euthan* or suicide or terminal* ill*) adj5 (assist* or hasten*)).tw,kf. (5952)         17       Palliative care/ (58012)         18       exp Practice Patterns, Physicians'/es [Ethics] (812)         19       physician's role/ (30584)         10       Health Personnel/ (52294)         11       (Ihealth care provider or clinician* or doctor* or physician* or nurse or social work* or oncologist*         20       palliative physician or nursing or psychiatrist* or psychologist* or psychotherapist*) adj3         21       (Interview: or experience:).mp. or qualitative.tw. (1655368)         12       (Interview: or alleid health personnel/ or anesthetists/ or caregivers/ or case managers/ or         22       coroners and medical examiners"/ or mergency medical dispatcher/ or epidemiologists/ or faculty,         23       ceperience*) or exp physicians/(431546)         24       (ethnograph* or grounded theory or qualitative research or thematic analysis or semi-structured         25 <t< td=""><td>9       1       euthanasia, active/ or euthanasia, active, voluntary/ or hospice care/ or suicide, assisted/ (14808)         10       2       terminally ill/(6684)         11       3       Right to die/ (4950)         12       4       Terminal care/ (29907)         13       sadvance care planning/ or advance directives/ (9125)         16       ((dying or death or euthan* or suicide or terminal* ill*) adj5 (assist* or hasten*)).tw,kf. (5952)         17       Palliative care/ (58012)         18       exp Practice Patterns, Physicians/es [Ethics] (812)         19       physician's role/ (30584)         10       Health Personnel/ (52294)         11       ((health care provider or clinician* or doctor* or physician* or nurse or social work* or oncologist*         10       rpallative physician or nursing or psychiatrist* or psychologist* or psychotherapist*) adj3         12       (Interview: or experience:).mp. or qualitative.tw. (1655368)         13       health personnel/ or allel health personnel/ or anesthetists/ or caregivers/ or case managers/ or         12       (Interview: or experiencer) or personnel, hospital/ or pharmacists/ or physical therapists/ or physician         13       health personnel/ or aneithetisty.or physical therapists/ or physician         14       (ethograph* or grounded theory or qualitative research or thematic analysis or semi-structured</td><td></td><td>Search Strategy:</td></t<>  | 9       1       euthanasia, active/ or euthanasia, active, voluntary/ or hospice care/ or suicide, assisted/ (14808)         10       2       terminally ill/(6684)         11       3       Right to die/ (4950)         12       4       Terminal care/ (29907)         13       sadvance care planning/ or advance directives/ (9125)         16       ((dying or death or euthan* or suicide or terminal* ill*) adj5 (assist* or hasten*)).tw,kf. (5952)         17       Palliative care/ (58012)         18       exp Practice Patterns, Physicians/es [Ethics] (812)         19       physician's role/ (30584)         10       Health Personnel/ (52294)         11       ((health care provider or clinician* or doctor* or physician* or nurse or social work* or oncologist*         10       rpallative physician or nursing or psychiatrist* or psychologist* or psychotherapist*) adj3         12       (Interview: or experience:).mp. or qualitative.tw. (1655368)         13       health personnel/ or allel health personnel/ or anesthetists/ or caregivers/ or case managers/ or         12       (Interview: or experiencer) or personnel, hospital/ or pharmacists/ or physical therapists/ or physician         13       health personnel/ or aneithetisty.or physical therapists/ or physician         14       (ethograph* or grounded theory or qualitative research or thematic analysis or semi-structured  |    | Search Strategy:  |
| 10       2       terminally ill/ (6684)         11       3       Right to die/ (4950)         12       4       Terminal care/ (29907)         13       advance care planning/ or advance directives/ (9125)         15       6       ((dving or death or euthan* or suicide or terminal* ill*) adj5 (assist* or hasten*)).tw,kf. (5952)         16       Palliative care/ (58012)       8         17       8       exp Practice Patterns, Physicians'/es [Ethics] (812)         18       exp Practice Patterns, Physician's or doctor* or physician* or nurse or social work* or oncologist*         10       Health Personnel/ (52294)       11         11       ((health care provider or clinician* or doctor* or physician* or nurse or social work* or oncologist*         17       palliative physician or nursing or psychiatrist* or psychologist* or psychotherapist*) adj3         18       (experience*) or emotion* or feeling*)).tw,kf. (23976)         12       (Interview: or experience:).mp. or qualitative.tw. (1655368)         13       health personnel/ or allied health personnel/ or anesthetists/ or caregivers/ or case managers/ or         16       chaperones/ or medical laboratory personnel/ or medical lastaff/ or exp nurses/ or nursing atsff/ or         17       coroners and medical examiners*/ or emergency medical dispatcher/ or physical therapists/ or physician         16       tethrogra   | 10       2       terminally ill/ (6684)         11       3       Right to die/ (4950)         12       4       Terminal care/ (29907)         13       advance care planning/ or advance directives/ (9125)         14       (dying or death or euthan* or suicide or terminal* ill*) adj5 (assist* or hasten*)).tw,kf. (5952)         15       6       ((dying or death or euthan* or suicide or terminal* ill*) adj5 (assist* or hasten*)).tw,kf. (5952)         15       9       physician* srole/ (30584)       10         10       Health Personnel/ (52294)       11       ((health care provider or clinician* or doctor* or physician* or nurse or social work* or oncologist* or palilative physician or nursing or psychiattivst* or psychologist* or psychotherapist*) adj3         12       (Interview: or experience:).mp. or qualitative.tw. (1655368)         13       health personnel/ or allied health personnel/ or anesthetists/ or caregivers/ or medical careor or region medical dispatcher dor epidemiologists/ or faculty, medical loboratory personnel/ or medical staff/ or exp nurses/ or nursing staff/ or occupational therapists/ or physician         14       (ethnograph* or grounded theory or qualitative research or thematic analysis or semi-structured interview* or narrative inquiry or focus* group or content analysis or discourse or lived life         14       (ethnograph* or grounded theory or qualitative research or thematic analysis or semi-structured interview* or anratoris inquiry.mp. (607)         15   | 8  |   |
| 11       3 Right to die/ (4950)         12       4 Terminal care/ (29907)         13       5 advance care planning/ or advance directives/ (9125)         14       5 advance care planning/ or suicide or terminal* ill*) adj5 (assist* or hasten*)).tw,kf. (5952)         15       6 ((dying or death or euthan* or suicide or terminal* ill*) adj5 (assist* or hasten*)).tw,kf. (5952)         16       7 Palliative care/ (58012)         17       8 exp Practice Patterns, Physicians/es [Ethics] (812)         19       9 physician's role/ (30584)         10       Health Personnel/ (52294)         21       11 ((health care provider or clinician* or doctor* or physician* or nurse or social work* or oncologist*         20       or palliative physician or nursing or psychiatrist* or psychologist* or psychotherapist*) adj3         21       (Interview: or experience:).mp. or qualitative.tw. (1655368)         22       13       health personnel/ or allied health personnel/ or anesthetists/ or caregivers/ or case managers/ or         22       rcoroners and medical examiners'/ or emergency medical dispatcher/ or epidemiologisty or faculty,         23       experience*) or medical laboratory personnel/ or medical staff/ or exp nurses/ or nursing staff/ or         23       executives/ or aspratise inquiry or focus* group or content analysis or discourse or lived life         24       experience*).tw,kf. (156494)   | 11       3 Right to die/(4950)         12       4 Terminal care/(29907)         13       5 advance care planning/ or advance directives/(9125)         14       6 ((dying or death or euthan* or suicide or terminal* ill*) adj5 (assist* or hasten*)).tw,kf. (5952)         15       6 ((dying or death or euthan* or suicide or terminal* ill*) adj5 (assist* or hasten*)).tw,kf. (5952)         16       9 physician's role/(30584)         10       Health Personnel/ (52294)         11       ((health care provider or clinician* or doctor* or physician* or nurse or social work* or oncologist* or pallative physician or nursing or psychiatrist* or psychologist* or psychotherapist*) adj3         11       ((health ere or emotion* or feeling*)).tw,kf. (23976)         12       (Interview: or experience:).mp. or qualitative.tw. (1655368)         13       health personnel/ or allied health personnel/ or anesthetists/ or caregivers/ or case managers/ or "coroners and medical examiners"/ or emergency medical dispatcher/ or epidemiologists/ or faculty, nursing / or health educators/ or health facility administrators/ or medical chaperones/ or medical barbaroty personnel/ or adical staff/ or exp nurses/ or nursing staff/ or occupational therapists/ or personnel / or ducial staff/ or exp nurses/ or nursing staff/ or occupational therapists/ or personnel/ or qualitative research or thematic analysis or semi-structured interview* or arrartive inquiry or focus* group or content analysis or discourse or lived life         14       (ethnograph* or grounded theory or qualitative research or thematic analysis or semi-structured  |    |   |
| 12       3       Terminal care/ (29907)         13       5       advance care planning/ or advance directives/ (9125)         14       6       ((dying or death or euthan* or suicide or terminal* ill*) adj5 (assist* or hasten*)).tw,kf. (5952)         15       6       ((dying or death or euthan* or suicide or terminal* ill*) adj5 (assist* or hasten*)).tw,kf. (5952)         16       7       Palliative care/ (32012)         17       8       exp Practice Patterns, Physicians'/es [Ethics] (812)         18       physician's role/ (30584)         10       Health Personnel/ (52294)         11       ((health care provider or clinician* or doctor* or physician* or nurse or social work* or oncologist*         19       physician or nursing or psychiatrist* or psycholysit* or psychotherapist*) adj3         11       ((health care provider or clinician* or doctor* or physician* or associal work* or oncologist*         12       (Interview: or experience:).mp. or qualitative.tw. (1655368)         13       health personnel/ or allied health personnel/ or anesthetists/ or caregivers/ or case managers/ or         16       chaperones/ or medical laboratory personnel/ or medical staff/ or exp nurses/ or nursing staff or         17       coroners and medical beoratory personnel/ or physical therapists/ or physician         18       experience*).tw,kf. (156494)         19       falo in dying.mp  | <ul> <li>Terminal care/ (29907)</li> <li>advance care planning/ or advance directives/ (9125)</li> <li>((dying or death or euthan* or suicide or terminal* ill*) adj5 (assist* or hasten*)).tw.kf. (5952)</li> <li>Palliative care/ (58012)</li> <li>exp Practice Patterns, Physicians'/es [Ethics] (812)</li> <li>physician's role/ (30584)</li> <li>Health Personnel/ (52294)</li> <li>(health care provider or clinician* or doctor* or physician* or nurse or social work* or oncologist* or palliative physician or nursing or psychiatrist* or psychologist* or psychotherapist*) adj3</li> <li>(experience* or emotion* or feeling*)).tw.kf. (23976)</li> <li>(Interview: or experience:).mp. or qualitative.tw. (1655368)</li> <li>health personnel/ or allied health personnel/ or anesthetists/ or caregivers/ or case managers/ or "coroners and medical examiners" / or emergency medical dispatcher/ or epidemiologists/ or faculty, wordical examiners" / or emergency medical tasff/ or exp nurses/ or nursing or health faculty administrators/ or medical chaperones/ or medical laboratory personnel/ or medical staff/ or exp nurses/ or nursing staff/ or occupational therapists/ or prosonnel, hospital/ or pharmacists/ or physician therapists/ or physician executives/ or exp physicians/(431546)</li> <li>texperience*).tw.kf. (156494)</li> <li>sail in dying.mp. (243)</li> <li>death with dignity.mp. (607)</li> <li>mil C14.mp. (24)</li> <li>Bill C-7.mp. (2)</li> <li>MAID.mp. (458)</li> <li>physician assisted death.mp. (309)</li> <li>physician assisted death.mp. (309)</li> <li>physician assisted dort or to r15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 (55486)</li> <li>7 or 8 or 9 or 10 or 11 or 13 (52765)</li> <li>2 limit 27 to d=19460101-20210430 [lanuary 1st, 1946 to April 30th, 2021] (541)</li> <li>limit 29 to abstracts (4876)</li> </ul>   |    |   |
| 13       4       refinitial care/ (25907)         14       5       advance care planning/ or advance directives/ (9125)         16       ((dying or death or euthan* or suicide or terminal* ill*) adj5 (assist* or hasten*)).tw,kf. (5952)         17       Palliative care/ (58012)         18       exp Practice Patterns, Physician'se [Ethics] (812)         19       physician's role/ (30584)         10       Health Personnel/ (52294)         11       ((health care provider or clinician* or doctor* or physician* or nurse or social work* or oncologist*         27       or palliative physician or nursing or psychiatrist* or psychologist* or psychotherapist*) adj3         28       (experience* or emotion* or feeling*)).tw,kf. (23976)         21       (Interview: or experience:).mp. or qualitative.tw. (1655368)         23       (bexperience*) or admedical examiners"/ or emergency medical dispatcher/ or epidemiologists/ or faculty,         28       medical/ or faculty, nursing/ or health educators/ or health facility administrators/ or medical         29       chaperones/ or medical laboratory personnel/ or medical staff/ or exp nurses/ or nursing staff/ or         21       ccupational therapists/ or personnel, hospital/ or pharmacists/ or physical therapists/ or physician         21       executives/ or earrestime inquiry or focus* group or content analysis or discourse or lived life         22       resprince*).tw,  | <ul> <li>advance care planning/ or advance directives/ (9125)</li> <li>idvance care planning/ or advance directives/ (9125)</li> <li>((dying or death or euthan* or suicide or terminal* ill*) adj5 (assist* or hasten*)).tw,kf. (5952)</li> <li>Palliative care/ (58012)</li> <li>exp Practice Patterns, Physicians'/es [Ethics] (812)</li> <li>physician's role/ (30584)</li> <li>Health Personnel/ (52294)</li> <li>((health care provider or clinician* or doctor* or physician* or nurse or social work* or oncologist*</li> <li>or palliative physician or nursing or psychiatrist* or psychologist* or psychotherapist*) adj3</li> <li>(experience* or emotion* or feeling*)).tw,kf. (23976)</li> <li>(Interview: or experience:).mp. or qualitative.tw. (1655368)</li> <li>health personnel/ or allied health personnel/ or anesthetists/ or caregivers/ or case managers/ or</li> <li>"coroners and medical examiners"/ or emergency medical dispatcher/ or epidemiologists/ or faculty, medical/ or faculty, nursing/ or health educators/ or health facility administrators/ or medical</li> <li>chaperones/ or medical laboratory personnel, hospital/ or pharmacists/ or physical therapists/ or physician</li> <li>excutives/ or exp physicians / (431546)</li> <li>(ethnograph* or grounded theory or qualitative research or thematic analysis or semi-structured</li> <li>interview* or narrative inquiry or focus* group or content analysis or discourse or lived life</li> <li>experience*).tw,kf. (156494)</li> <li>Bill C-7.mp. (2)</li> <li>MAID.mp. (458)</li> <li>Qualitative Research (67825)</li> <li>for a or 4 or 5 or 6 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 (55486)</li> <li>7 or 8 or 9 or 10 or 11 or 13 (52765)</li> <li>(a crost ad cond condition counce (147)</li> <li>limit 29 to abstracts (4876)</li> </ul>  |    |   |
| 14       5       advance care planning/ or advance directives/ (9125)         15       6       ((dying or death or euthan* or suicide or terminal* ill*) adj5 (assist* or hasten*)).tw,kf. (5952)         16       7       Palliative care/ (58012)         17       8       exp Practice Patterns, Physicians'/es [Ethics] (812)         19       9       physician's role/ (30584)         10       Health Personnel/ (52294)         11       ((health care provider or clinician* or doctor* or physician* or nurse or social work* or oncologist*         21       0       Health Personnel/ (52294)         21       11       ((health care provider or clinician* or doctor* or physician* or nurse or social work* or oncologist*         22       or palliative physician or nursing or psychiatrist* or psychologist* or psychotherapist*) adj3         23       (experience*) or experience:).mp. or qualitative.tw. (1555368)         24       12       (Interview: or experience:).mp. or qualitative.tw. (1555368)         25       13       health personnel/ or allied health personnel/ or anesthetists/ or caregivers/ or case managers/ or         26       radiouty, nursing/ or health educators/ or health facility administrators/ or medical         27       rcoroners and medical examiners"/ or emergency medical dispatcher/ or epistign atoff/ or         28       medical/ or faculty, nursing/ or health educators/ or he  | 14       5       advance care planning/ or advance directives/ (9125)         15       6       ((dying or death or euthan* or suicide or terminal* ill*) adj5 (assist* or hasten*)).tw,kf. (5952)         16       7       Palliative care/ (58012)         17       8       exp Practice Patterns, Physicians'/es [Ethics] (812)         18       9       physician's role/ (30584)         10       10       Health Personnel/ (52294)         11       ((health care provider or clinician* or doctor* or physician* or nurse or social work* or oncologist*         12       (Interview: or experience:).mp. or qualitative.tw. (1655368)         13       health personnel/ or allied health personnel/ or anesthetists/ or caregivers/ or case managers/ or         17       "coroners and medical examiners"/ or emergency medical dispatcher/ or epidemiologists/ or faculty,         13       health personnel/ or allied health personnel/ or matical dispatcher/ or epidemiologists/ or faculty,         14       (ethnograph* or grounded theory or qualitative research or thematic analysis or semi-structured         14       (ethnograph* or grounded theory or qualitative research or thematic analysis or semi-structured         16       death with dignity.mp. (607)         17       ind ving.mp. (243)         18       Bill C-7.mp. (2)         19       MAID.mp. (458)         20  |    | 4 Terminal care/ (29907)  |
| 15       6       ((dying or death or euthan* or suicide or terminal* ill*) adj5 (assist* or hasten*)).tw,kf. (5952)         16       7       Palliative care/ (58012)         17       8       exp Practice Patterns, Physicians'/es [Ethics] (812)         18       9       physician's role/ (30584)         10       Health Personnel/ (52294)         11       ((health care provider or clinician* or doctor* or physician* or nurse or social work* or oncologist*         10       pallative physician or nursing or psychiatrist* or psychologist* or psychotherapist*) adj3         21       (Interview: or experience:).mp. or qualitative.tw. (1655368)         22       (Interview: or experience:).mp. or qualitative.tw. (1655368)         23       (experience* or emotion* or lealth deucators/ or health facility administrators/ or acae managers/ or         24       (or faculty, nursing/ or health deucators/ or health facility administrators/ or medical         25       chaperones/ or medical laboratory personnel/ or matical staff/ or exp nurses/ or nursing staff/ or         26       chaperones/ or egy or gounded theory or qualitative research or thematic analysis or semi-structured         26       interview* or narrative inquiry or focus* group or content analysis or discourse or lived life         27       recourties/1.tw, kf. (156494)         28       ide ath with dignity.mp. (607)         29       17 <td>15       6       ((dying or death or euthan* or suicide or terminal* ill*) adj5 (assist* or hasten*)).tw,kf. (5952)         16       7       Palliative care/ (58012)         17       8       exp Practice Patterns, Physicians/es [Ethics] (812)         18       9       physician's role/ (30584)         10       Health Personnel/ (52294)         11       ((health care provider or clinician* or doctor* or physician* or nurse or social work* or oncologist* or palliative physician or nursing or psychiatrist* or psychologist* or psychotherapist*) adj3         12       (ihealth care provider or clinician* or doctor* or physician* or psychotherapist*) adj3         13       (experience* or emotion* or feeling*)).tw,kf. (23976)         14       (ihealth personnel/ or allied health personnel/ or anesthetists/ or caregivers/ or case managers/ or         15       ihealth personnel/ or allied health personnel/ or anesthetists/ or exponres/ or ansing staff/ or         16       chaperones/ or medical laboratory personnel/ or medical staff/ or exp nurse/ or nursing staff/ or         17       cccupational therapists/ or personnel, hospital/ or pharmacists/ or physical therapists/ or physician         18       (ethograph* or grounded theory or qualitative research or thematic analysis or semi-structured         19       netwitw* or narrative inquiry or focus* group or content analysis or discourse or lived life         19       sexperience*).tw,kf. (156494)</td> <td></td> <td>5 advance care planning/ or advance directives/ (9125)</td>           | 15       6       ((dying or death or euthan* or suicide or terminal* ill*) adj5 (assist* or hasten*)).tw,kf. (5952)         16       7       Palliative care/ (58012)         17       8       exp Practice Patterns, Physicians/es [Ethics] (812)         18       9       physician's role/ (30584)         10       Health Personnel/ (52294)         11       ((health care provider or clinician* or doctor* or physician* or nurse or social work* or oncologist* or palliative physician or nursing or psychiatrist* or psychologist* or psychotherapist*) adj3         12       (ihealth care provider or clinician* or doctor* or physician* or psychotherapist*) adj3         13       (experience* or emotion* or feeling*)).tw,kf. (23976)         14       (ihealth personnel/ or allied health personnel/ or anesthetists/ or caregivers/ or case managers/ or         15       ihealth personnel/ or allied health personnel/ or anesthetists/ or exponres/ or ansing staff/ or         16       chaperones/ or medical laboratory personnel/ or medical staff/ or exp nurse/ or nursing staff/ or         17       cccupational therapists/ or personnel, hospital/ or pharmacists/ or physical therapists/ or physician         18       (ethograph* or grounded theory or qualitative research or thematic analysis or semi-structured         19       netwitw* or narrative inquiry or focus* group or content analysis or discourse or lived life         19       sexperience*).tw,kf. (156494)   |    | 5 advance care planning/ or advance directives/ (9125)  |
| 17       8       exp Practice Patterns, Physicians'/es [Ethics] (812)         18       9       physician's role/ (30584)         10       Health Personnel/ (52294)         11       ((health care provider or clinician* or doctor* or physician* or nurse or social work* or oncologist*         20       physician or nursing or psychiatrist* or psychologist* or psychotherapist*) adj3         21       (experience* or emotion* or feeling*)).tw,kf. (23976)         22       (Interview: or experience:).mp. or qualitative.tw. (1655368)         23       health personnel/ or allied health personnel/ or anesthetitsty or caregivers/ or case managers/ or         24       "coroners and medical examiners"/ or emergency medical dispatcher/ or epidemiologists/ or faculty,         28       medical/ or faculty, nursing/ or health educators/ or health facility administrators/ or musing staff/ or         29       c.taperones/ or medical laboratory personnel/ or medical staff/ or exp nurses/ or nursing staff/ or         20       occupational therapists/ or personnel, hospital/ or pharmacists/ or physical therapists/ or physician         20       experience*).tw,kf. (156494)         21       14       (ethnograph* or grounded theory or qualitative research or thematic analysis or semi-structured         21       15       aid in dying.mp. (243)       16         32       16       death with dignity.mp. (607)       17  | 17       8       exp Practice Patterns, Physicians'/es [Ethics] (812)         18       9       physician's role/ (30584)         10       Health Personnel/ (52294)         11       (Ihealth Care provider or clinician* or doctor* or physician* or nurse or social work* or oncologist*         11       (Ihealth care provider or clinician* or doctor* or physician* or psychotherapist*) adj3         12       (Interview: or experience:).mp. or qualitative.tw. (165568)         13       health personnel/ or allied health personnel/ or anesthetists/ or caregivers/ or case managers/ or         17       "coroners and medical examiners"/ or emergency medical dispatcher/ or epidemiologists/ or faculty, nursing/ or health educators/ or health facility administrators/ or musing staff/ or         11       (thealborter) or grounded theory or qualitative research or thematic analysis or semi-structured         11       (tethograph* or grounded theory or qualitative research or thematic analysis or semi-structured         11       interview* or narrative inquiry or focus* group or content analysis or discourse or lived life         15       aid in dying.mp. (243)         16       death.mp. (309)         17       Bill C-14.mp. (24)         18       Bill C-14.mp. (24)         19       MAID.mp. (458)         20       physician assisted dath.mp. (309)         21       pror 3 or 4 or 5 or 6 or 15   |    | 6 ((dying or death or euthan* or suicide or terminal* ill*) adj5 (assist* or hasten*)).tw,kf. (5952)  |
| <ul> <li>b Copyright Function (30584)</li> <li>p physician's role (30584)</li> <li>10 Health Personnel/ (52294)</li> <li>11 ((health care provider or clinician' or doctor* or physician's or nurse or social work* or oncologist*</li> <li>or palliative physician or nursing or psychiatrist* or psychologist* or psychotherapist*) adj3</li> <li>(experience* or emotion* or feeling*)): tw, kf. (23976)</li> <li>12 (Interview: or experience:).mp. or qualitative.tw. (1655368)</li> <li>13 health personnel/ or allied health personnel/ or anesthetists/ or caregivers/ or case managers/ or</li> <li>"coroners and medical examiners"/ or emergency medical dispatcher/ or epidemiologist/ or faculty,</li> <li>medical/ or faculty, nursing/ or health educators/ or health facility administrators/ or medical</li> <li>chaperones/ or medical laboratory personnel/ or medical staff/ or exp nurses/ or nursing staff/ or</li> <li>occupational therapists/ or personnel, hospital/ or pharmacists/ or physical therapists/ or physician</li> <li>executives/ or exp physicians/ (431546)</li> <li>14 (ethnograph* or grounded theory or qualitative research or thematic analysis or semi-structured</li> <li>interview* or narrative inquiry or focus* group or content analysis or discourse or lived life</li> <li>experience*).tw, kf. (156494)</li> <li>15 aid in dying.mp. (607)</li> <li>17 Bill C-14.mp. (24)</li> <li>18 Bill C-7.mp. (2)</li> <li>19 MAID.mp. (458)</li> <li>20 physician assisted death.mp. (309)</li> <li>21 physician assisted death.mp. (309)</li> <li>22 (assisted suicide or physican assisted suicide).tw, kf. (3163)</li> <li>33 Qualitative Research/ (67825)</li> <li>34 10 2 or 3 or 4 or 5 or 6 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 (55486)</li> <li>25 7 or 8 or 9 or 10 or 11 or 13 (527655)</li> <li>26 12 or 14 or 23 (1692068)</li> <li>27 24 and 25 and 26 (5490)</li> <li>28 limit 27 to dt=19460101-20210430 [January 1st, 1946 to April 30th, 2021] (5441)</li> </ul>  | <ul> <li>physician's role/ (30584)</li> <li>physician's role/ (30584)</li> <li>(health Personnel/ (52294)</li> <li>(health are provider or clinician* or doctor* or physician* or nurse or social work* or oncologist*</li> <li>or palliative physician or nursing or psychiatrist* or psychologist* or psychotherapist*) adj3</li> <li>(experience* or emotion* or feeling*)).tw,kf. (23976)</li> <li>(Interview: or experience:).mp. or qualitative.tw. (1655368)</li> <li>health personnel/ or allel dhealth personnel/ or anesthetists/ or caregivers/ or case managers/ or</li> <li>"coroners and medical examiners"/ or emergency medical dispatcher/ or epidemiologists/ or faculty,</li> <li>medical/ or faculty, nursing/ or health educators/ or health facility administrators/ or medical</li> <li>chaperones/ or medical laboratory personnel/ or medical staff/ or exp nurses/ or nursing staff/ or</li> <li>occupational therapists/ or personnel, hospital/ or pharmacists/ or physical therapists/ or physician</li> <li>executives/ or exp physicians/ (431546)</li> <li>4 (ethnograph* or grounded theory or qualitative research or thematic analysis or semi-structured</li> <li>interview* or narrative inquiry or focus* group or content analysis or discourse or lived life</li> <li>experience*).tw,kf. (156494)</li> <li>death with dignity.mp. (607)</li> <li>medical casisted dying.mp. (142)</li> <li>(assisted suicide or physician assisted suicide).tw,kf. (3163)</li> <li>Qualitative Research (67825)</li> <li>(assisted suicide or physician assisted suicide).tw,kf. (3163)</li> <li>2 or 3 or 4 or 5 or 6 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 (55486)</li> <li>7 or 8 or 9 or 10 or 11 or 13 (527655)</li> <li>2 12 or 14 or 23 (1692068)</li> <li>7 24 and 25 and 26 (5490)</li> <li>3 limit 27 to dt=19460101-20210430 [January 1st, 1946 to April 30th, 2021] (5441)</li> <li>limit 28 to english language (5073)</li> <li>limit 29 to abstracts (4876)</li> </ul>                           | 16 | 7 Palliative care/ (58012)  |
| <ul> <li>9 physician's role/ (30584)</li> <li>10 Health Personnel/ (52294)</li> <li>11 ((health care provider or clinician* or doctor* or physician* or nurse or social work* or oncologist*<br/>or palliative physician or nursing or psychiatrist* or psychologist* or psychotherapist*) adj3<br/>(experience* or emotion* or feeling*)).tw, kf. (23976)</li> <li>12 (Interview: or experience:).mp. or qualitative.tw. (1655368)</li> <li>13 health personnel/ or allied health personnel/ or anesthetists/ or caregivers/ or case managers/ or<br/>"coroners and medical examiners"/ or emergency medical dispatcher/ or epidemiologists/ or faculty,<br/>medical/ or faculty, nursing/ or health ducators/ or health facility administrators/ or medical<br/>chaperones/ or medical laboratory personnel/ or medical staff/ or exp nurses/ or nursing staff/ or<br/>occupational therapists/ or personnel, hospital/ or pharmacists/ or physical therapists/ or physician<br/>executives/ or exp physicians/ (431546)</li> <li>14 (ethnograph* or grounded theory or qualitative research or thematic analysis or semi-structured<br/>interview* or narrative inquiry or focus* group or content analysis or discourse or lived life<br/>experience*).tw, kf. (156494)</li> <li>15 aid in dying.mp. (243)</li> <li>16 death with dignity.mp. (607)</li> <li>17 Bill C-14.mp. (24)</li> <li>20 physician assisted death.mp. (309)</li> <li>21 physician assisted death.mp. (309)</li> <li>22 (assisted suicide or physician assisted suicide).tw, kf. (3163)</li> <li>23 Qualitative Research/ (67825)</li> <li>24 1 or 2 or 3 or 4 or 5 or 6 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 (55486)</li> <li>25 7 or 8 or 9 or 10 or 11 or 13 (527655)</li> <li>26 1 2 or 14 or 23 (1692088)</li> <li>27 24 and 25 and 26 (5490)</li> <li>28 limit 27 to dt=19460101-20210430 [January 1st, 1946 to April 30th, 2021] (5441)</li> </ul>   | <ul> <li>9 physician's role/ (30584)</li> <li>10 Health Personnel/ (52294)</li> <li>11 ((health care provider or clinician* or doctor* or physician* or nurse or social work* or oncologist* or palliative physician or nursing or psychiatrist* or psychologist* or psychotherapist*) adj3</li> <li>(experience* or emotion* or feeling*)).tw,kf. (23976)</li> <li>12 (Interview: or experience:).mp. or qualitative.tw. (1655368)</li> <li>13 health personnel/ or allied health personnel/ or anesthetists/ or caregivers/ or caregivers/ or acare managers/ or "coroners and medical examiners"/ or emergency medical dispatcher/ or epidemiologists/ or faculty, medical/ or faculty, nursing/ or health educators/ or health facility administrators/ or medical</li> <li>chaperones/ or medical laboratory personnel/ or medical staff/ or exp nurses/ or nursing staff/ or occupational therapists/ or personnel, hospital/ or pharmacists/ or physical therapists/ or physician</li> <li>executives/ or exp physicians/(431546)</li> <li>14 (ethnograph* or grounded theory or qualitative research or thematic analysis or semi-structured interview* or narrative inquiry or focus* group or content analysis or discourse or lived life</li> <li>experience*).tw,kf. (156494)</li> <li>15 aid in dying.mp. (24)</li> <li>16 death with dignity.mp. (607)</li> <li>17 Bill C-14.mp. (24)</li> <li>20 physician assisted death.mp. (309)</li> <li>21 physician assisted dying.mp. (142)</li> <li>22 (assisted suicide or physician assisted suicide).tw,kf. (3163)</li> <li>23 Qualitative Research/ (67825)</li> <li>24 1 or 2 or 3 or 4 or 5 or 6 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 (55486)</li> <li>25 7 or 8 or 9 or 10 or 11 or 13 (527655)</li> <li>26 12 or 14 or 23 (1692068)</li> <li>27 24 and 25 and 26 (5490)</li> <li>28 limit 27 to dt=19460101-20210430 [January 1st, 1946 to April 30th, 2021] (5441)</li> <li>29 limit 28 to english language (5073)</li> <li>30 limit 29 to abstracts (4876)</li> </ul> |    | 8 exp Practice Patterns, Physicians'/es [Ethics] (812)  |
| 10Health Personnel/ (52294)11((health care provider or clinician* or doctor* or physician* or nurse or social work* or oncologist*22or palliative physician or nursing or psychiatrist* or psychologist* or psychotherapist*) adj323(experience* or emotion* or feeling*)).tw,kf. (23976)2412(Interview: or experience:).mp. or qualitative.tw. (1655368)2313health personnel/ or allied health personnel/ or anesthetists/ or caregivers/ or case managers/ or27"coroners and medical examiners"/ or emergency medical dispatcher/ or epidemiologists/ or faculty,28medical/ or faculty, nursing/ or health educators/ or health facility administrators/ or medical29chaperones/ or medical laboratory personnel/ or medical staff/ or exp nurses/ or nursing staff/ or30occupational therapists/ or personnel, hospital/ or pharmacists/ or physical therapists/ or physician32executives/ or exp physicians/ (431546)3314(ethnograph* or grounded theory or qualitative research or thematic analysis or semi-structured34interview* or narrative inquiry or focus* group or content analysis or discourse or lived life33ta death with dignity.mp. (607)341035adi in dying.mp. (243)36637gasisted death.mp. (309)381639physician assisted dying.mp. (142)3410 r2 or 3 or 4 or 5 or 6 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 (55486)357 or 8 or 9 or 10 or 11 or 13 (527655)3612 or 14 or 23 (1692068)3724 and 2   | 10Health Personnel/ (52294)11((health care provider or clinician* or doctor* or physician* or nurse or social work* or oncologist*22or palliative physician or nursing or psychiatrist* or psychologist* or psychotherapist*) adj323(experience* or emotion* or feeling*)).tw,kf. (23976)2412(Interview: or experience:).mp. or qualitative.tw. (1655368)2513health personnel/ or allied health personnel/ or anesthetists/ or caregivers/ or case managers/ or26"coroners and medical examiners"/ or emergency medical dispatcher/ or epidemiologists/ or faculty, nursing/ or health educators/ or health facility administrators/ or medical27"coroners and medical laboratory personnel/ or medical staff or exp nurses/ or nursing staff/ or28medical/ or faculty, nursing/ or health educators/ or health facility administrators/ or medical29chaperones/ or exp physicians/ (431546)31144(ethnograph* or grounded theory or qualitative research or thematic analysis or semi-structured34interview* or narrative inquiry or focus* group or content analysis or discourse or lived life3816death with dignity.mp. (607)3917Bill C-14.mp. (24)3018Bill C-7.mp. (2)3119physician assisted death.mp. (309)3420physician assisted death.mp. (309)3421physician assisted death.mp. (309)353612 or 14 or 23 (1692068)367 or 8 or 9 or 10 or 11 or 13 (527655)37241 or 2 or 3 or 4 or 5 or 6 or 15 or 16 or 17 or   |    |   |
| 11((health care provider or clinician* or doctor* or physician* or nurse or social work* or oncologist*22or palliative physician or nursing or psychiatrist* or psychologist* or psychotherapist*) adj323(experience* or emotion* or feeling*)).tw,kf. (23976)2412(Interview: or experience:).mp. or qualitative.tw. (1655368)2513health personnel/ or allied health personnel/ or anesthetists/ or caregivers/ or case managers/ or26"coroners and medical examiners"/ or emergency medical dispatcher/ or epidemiologists/ or faculty,27"coroners and medical aboratory personnel/ or medical dispatcher/ or epidemiologists/ or faculty,28medical/ or faculty, nursing/ or health educators/ or health facility administrators/ or medical29chaperones/ or medical laboratory personnel/ or medical staff/ or exp nurses/ or nursing staff/ or30occupational therapists/ or personnel, hospital/ or pharmacists/ or physical therapists/ or physician3144(ethnograph* or grounded theory or qualitative research or thematic analysis or semi-structured31interview* or narrative inquiry or focus* group or content analysis or discourse or lived life32experience*).tw,kf. (156494)331634635846947948Bill C-7.mp. (2)4320442145224623472448204924401841214222<  | 11((health care provider or clinician* or doctor* or physician* or nurse or social work* or oncologist*12or palliative physician or nursing or psychiatrist* or psychologist* or psychotherapist*) adj312(experience* or emotion* or feeling*)).tw,kf. (23976)12(Interview: or experience:).mp. or qualitative.tw. (1655368)13health personnel/ or allied health personnel/ or anesthetists/ or caregivers/ or case managers/ or17"coroners and medical examiners"/ or emergency medical dispatcher/ or epidemiologists/ or faculty,18medical/ or faculty, nursing/ or health educators/ or health facility administrators/ or medical19chaperones/ or medical laboratory personnel/ or medical staff/ or exp nurses/ or nursing staff/ or10occupational therapists/ or personnel, hospital/ or physical therapists/ or physician14(ethnograph* or grounded theory or qualitative research or thematic analysis or semi-structured16interview* or narrative inquiry or focus* group or content analysis or discourse or lived life17aid in dying.mp. (243)18Bill C-14.mp. (24)19MAID.mp. (458)20physician assisted death.mp. (309)21physician assisted dying.mp. (142)22(assisted suicide or physician sisted suicide).tw,kf. (3163)23242410 or 2 or 3 or 4 or 5 or 6 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 (55486)257 or 8 or 9 or 10 or 11 or 13 (527655)2612 or 14 or 23 (1692068)2724 and 25 and 26 (5490)28limit 27 to dt=19460101-20210430 [January 1st, 1946 to Ap   |    |   |
| 22or palliative physician or nursing or psychiatrist* or psychologist* or psychotherapist*) adj323(experience* or emotion* or feeling*)).tw,kf. (23976)2412(Interview: or experience:).mp. or qualitative.tw. (1655368)2513health personnel/ or allied health personnel/ or anesthetists/ or caregivers/ or case managers/ or27"coroners and medical examiners"/ or emergency medical dispatcher/ or epidemiologist/ or faculty,28medical/ or faculty, nursing/ or health educators/ or health facility administrators/ or medical29chaperones/ or medical laboratory personnel/ or pharmacists/ or physical therapists/ or physician20executives/ or exp physicians/ (431546)3114(ethnograph* or grounded theory or qualitative research or thematic analysis or semi-structured30interview* or narrative inquiry or focus* group or content analysis or discourse or lived life3316death with dignity.mp. (607)3415aid in dying.mp. (243)3520physician assisted death.mp. (309)3420physician assisted death.mp. (309)3421physician assisted dying.mp. (142)3522(assisted suicide or physician assisted suicide).tw,kf. (3163)3623Qualitative Research (67825)37241 or 2 or 3 or 4 or 5 or 6 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 (55486)36257 or 4 or 73 (1692068)3724and 25 and 26 (5490)3812cor 14 or 23 (1692068)381212 or 14 or 23 (1692068)   | 22or palliative physician or nursing or psychiatrist* or psychologist* or psychotherapist*) adj323(experience* or emotion* or feeling*)).tw,kf. (23976)241225(Interview: or experience:).mp. or qualitative.tw. (1655368)261327health personnel/ or allied health personnel/ or anesthetists/ or caregivers/ or case managers/ or28medical (or faculty, nursing/ or health educators/ or health facility administrators/ or medical29chaperones/ or medical laboratory personnel/ or medical staff/ or exp nurses/ or nursing staff/ or20occupational therapists/ or personnel, hospital/ or pharmacists/ or physical therapists/ or physicians21executives/ or exp physicians/ (431546)231424(ethnograph* or grounded theory or qualitative research or thematic analysis or semi-structured26interview* or narrative inquiry or focus* group or content analysis or discourse or lived life27experience*).tw,kf. (156494)28ind dying.mp. (243)2916201821physician assisted death.mp. (607)22(assisted during.mp. (458)23202410252126222770 ar 0 ar  |    |   |
| 23(experience* or emotion* or feeling*)) tw,kf. (23976)2412(Interview: or experience:).mp. or qualitative.tw. (1655368)2513health personnel/ or allied health personnel/ or anesthetists/ or caregivers/ or case managers/ or27"coroners and medical examiners"/ or emergency medical dispatcher/ or epidemiologists/ or faculty,28medical/ or faculty, nursing/ or health educators/ or health facility administrators/ or medical29chaperones/ or medical laboratory personnel/ or medical staff/ or exp nurses/ or nursing staff/ or30occupational therapists/ or personnel, hospital/ or pharmacists/ or physical therapists/ or physician31executives/ or exp physicians/ (431546)32(ethnograph* or grounded theory or qualitative research or thematic analysis or semi-structured33interview* or narrative inquiry or focus* group or content analysis or discourse or lived life33experience*).tw,kf. (156494)341635experience*).tw,kf. (156494)361737Bill C-14.mp. (24)381641physician assisted death.mp. (309)421943204410 r 2 or 3 or 4 or 5 or 6 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 (55486)45274410 r 2 or 3 or 4 or 5 or 6 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 (55486)45274612 or 14 or 23 (1692068)4724 and 25 and 26 (5490)48limit 27 to dt=19460101-20210430 [January 1st, 1946 to April 30th, 2021] (5441)  | 23(experience* or emotion* or feeling*)).tw,kf. (23976)2412(Interview: or experience:).mp. or qualitative.tw. (1655368)2513health personnel/ or alleid health personnel/ or anesthetists/ or caregivers/ or case managers/ or27"coroners and medical examiners"/ or emergency medical dispatcher/ or epidemiologists/ or faculty,<br>medical/ or faculty, nursing/ or health educators/ or medical staff/ or exp nurses/ or nursing staff/ or<br>occupational therapists/ or personnel, hospital/ or pharmacists/ or physical therapists/ or physician<br>executives/ or exp physicians/ (431546)2814(ethnograph* or grounded theory or qualitative research or thematic analysis or semi-structured<br>interview* or narrative inquiry or focus* group or content analysis or discourse or lived life<br>experience*).tw,kf. (156494)2915aid in dying.mp. (243)3816death with dignity.mp. (607)3917Bill C-14.mp. (24)4018Bill C-7.mp. (2)4119MAID.mp. (448)4220physician assisted death.mp. (309)4320physician assisted dying.mp. (142)4422(assisted suicide or physical assisted suicide).tw,kf. (3163)4522(assisted suicide or for 6 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 (55486)46230.14 or 23 (1692068)5724 and 25 and 26 (5490)58257 or 8 or 9 or 10 or 11 or 13 (527655)592612 or 14 or 23 (1692068)5724 and 25 and 26 (5490)581616592550 <t< td=""><td></td><td></td></t<>   |    |   |
| 2412(Interview: or experience:).mp. or qualitative.tw. (1655368)2513health personnel/ or allied health personnel/ or anesthetists/ or caregivers/ or case managers/ or26"coroners and medical examiners"/ or emergency medical dispatcher/ or epidemiologists/ or faculty,28medical/ or faculty, nursing/ or health educators/ or health facility administrators/ or medical29chaperones/ or medical laboratory personnel/ or medical staff/ or exp nurses/ or nursing staff/ or20occupational therapists/ or personnel, hospital/ or pharmacists/ or physical therapists/ or physician21executives/ or exp physicians/ (431546)22executives/ or exp physicians/ (431546)231424(ethnograph* or grounded theory or qualitative research or thematic analysis or semi-structured23interview* or narrative inquiry or focus* group or content analysis or discourse or lived life24experience*).tw,kf. (156494)25aid in dying.mp. (243)26bysician assisted death.mp. (309)271728bill C-14.mp. (24)29physician assisted death.mp. (309)21physician assisted dying.mp. (142)22(assisted suicide or physician assisted suicide).tw,kf. (3163)262327242810 or 20 or 3 or 4 or 5 or 6 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 (55486)257 or 8 or 9 or 10 or 11 or 13 (527655)2612 or 14 or 23 (1692068)2724 and 25 and 26 (5490)28limit 27 tod dt=19460101-20210430 [January 1st  | 12(Interview: or experience:).mp. or qualitative.tw. (1655368)13health personnel/ or allied health personnel/ or anesthetists/ or caregivers/ or case managers/ or"coroners and medical examiners"/ or emergency medical dispatcher/ or epidemiologists/ or faculty,medical/ or faculty, nursing/ or health educators/ or health facility administrators/ or medicalchaperones/ or medical laboratory personnel/ or medical staff or exp nurses/ or nursing staff/ oroccupational therapists/ or personnel, hospital/ or pharmacists/ or physical therapists/ or physicianexecutives/ or exp physicians/ (431546)14(ethnograph* or grounded theory or qualitative research or thematic analysis or semi-structuredinterview* or narrative inquiry or focus* group or content analysis or discourse or lived lifeexperience*).tw,kf. (156494)15aid in dying.mp. (243)16death with dignity.mp. (607)191711MAID.mp. (458)22(assisted death.mp. (309)141914physician assisted dying.mp. (142)152222(assisted suicide or physician assisted suicide).tw,kf. (3163)2324241 or 2 or 3 or 4 or 5 or 6 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 (55486)257 or 8 or 9 or 10 or 11 or 13 (527655)2612 or 14 or 23 (1692068)2724 and 25 and 26 (5490)28limit 27 to dt=19460101-20210430 [January 1st, 1946 to April 30th, 2021] (5441)29limit 28 to english language (5073)20limit 29 to abstracts (4876)  |    |   |
| 12Interview: or experience:).mp. or qualitative.tw. (ESSSS)13health personnel/ or allied health personnel/ or anesthetists/ or caregivers/ or case managers/ or17"coroners and medical examiners"/ or emergency medical dispatcher/ or epidemiologists/ or faculty,18medical/ or faculty, nursing/ or health educators/ or health facility administrators/ or medical19chaperones/ or medical laboratory personnel/ or medical staff/ or exp nurses/ or nursing staff/ or10occupational therapists/ or personnel, hospital/ or pharmacists/ or physical therapists/ or physician14(ethnograph* or grounded theory or qualitative research or thematic analysis or semi-structured16interview* or narrative inquiry or focus* group or content analysis or discourse or lived life17seperience*).tw,kf. (156494)18aid in dying.mp. (243)19MAID.mp. (458)11MAID.mp. (458)12physician assisted death.mp. (309)13physician assisted death.mp. (309)1410 r 2 or 3 or 4 or 5 or 6 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 (55486)1925 r 0r 8 or 9 or 10 or 11 or 13 (527655)1012 or 14 or 23 (1692068)1112 or 14 or 23 (1692068)1212 or 14 or 23 (1692068)1312 or 14 or 23 (1692068)1412 or 14 or 23 (1692068)15281612 or 14 or 23 (1692068)1724 and 25 and 26 (5490)18imit 27 to dt=19460101-20210430 [January 1st, 1946 to April 30th, 2021] (5441)   | <ul> <li>12 (interview: or experience), mp. or quaintative. (L655368)</li> <li>13 health personnel/ or allied health personnel/ or anesthetists/ or caregivers/ or case managers/ or<br/>"coroners and medical examiners"/ or emergency medical dispatcher/ or epidemiologists/ or faculty,<br/>medical/ or faculty, nursing/ or health educators/ or health facility administrators/ or medical<br/>chaperones/ or medical laboratory personnel/ or medical staff/ or exp nurses/ or nursing staff/ or<br/>occupational therapists/ or personnel, hospital/ or pharmacists/ or physical therapists/ or physician<br/>executives/ or exp physicians/ (431546)</li> <li>14 (ethnograph* or grounded theory or qualitative research or thematic analysis or semi-structured<br/>interview* or narrative inquiry or focus* group or content analysis or discourse or lived life<br/>experience*).tw,kf. (156494)</li> <li>15 aid in dying.mp. (243)</li> <li>16 death with dignity.mp. (607)</li> <li>17 Bill C-14.mp. (24)</li> <li>18 Bill C-7.mp. (2)</li> <li>11 MAID.mp. (458)</li> <li>22 (assisted suicide or physician assisted suicide).tw,kf. (3163)</li> <li>23 Qualitative Research/ (67825)</li> <li>24 and 25 and 26 (5490)</li> <li>25 7 or 8 or 9 or 10 or 11 or 13 (527655)</li> <li>26 12 or 14 or 23 (1692068)</li> <li>27 24 and 25 and 26 (5490)</li> <li>28 limit 27 to dt=19460101-20210430 [January 1st, 1946 to April 30th, 2021] (5441)</li> <li>29 limit 28 to english language (5073)</li> <li>30 limit 29 to abstracts (4876)</li> </ul>  |    |   |
| <ul> <li>"coroners and medical examiners"/ or emergency medical dispatcher/ or epidemiologists/ or faculty,<br/>medical/ or faculty, nursing/ or health educators/ or health facility administrators/ or medical</li> <li>chaperones/ or medical laboratory personnel/ or medical staff/ or exp nurses/ or nursing staff/ or</li> <li>occupational therapists/ or personnel, hospital/ or pharmacists/ or physical therapists/ or physician</li> <li>executives/ or exp physicians/ (431546)</li> <li>14 (ethnograph* or grounded theory or qualitative research or thematic analysis or semi-structured</li> <li>interview* or narrative inquiry or focus* group or content analysis or discourse or lived life</li> <li>experience*).tw,kf. (156494)</li> <li>5 aid in dying.mp. (243)</li> <li>16 death with dignity.mp. (607)</li> <li>17 Bill C-14.mp. (2)</li> <li>19 MAID.mp. (458)</li> <li>20 physician assisted death.mp. (309)</li> <li>21 physician assisted death.mp. (309)</li> <li>22 (assisted suicide or physician assisted suicide).tw,kf. (3163)</li> <li>23 Qualitative Research/ (67825)</li> <li>24 1 or 2 or 3 or 4 or 5 or 6 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 (55486)</li> <li>25 7 or 8 or 9 or 10 or 11 or 13 (527655)</li> <li>26 12 or 14 or 23 (1692068)</li> <li>27 24 and 25 and 26 (5490)</li> <li>28 limit 27 to dt=19460101-20210430 [January 1st, 1946 to April 30th, 2021] (5441)</li> </ul>   | <ul> <li>"coroners and medical examiners"/ or emergency medical dispatcher/ or epidemiologists/ or faculty,<br/>medical/ or faculty, nursing/ or health educators/ or health facility administrators/ or medical<br/>chaperones/ or medical laboratory personnel/ or medical staff/ or exp nurses/ or nursing staff/ or<br/>occupational therapists/ or personnel, hospital/ or pharmacists/ or physical therapists/ or physician<br/>executives/ or exp physicians/ (431546)</li> <li>14 (ethnograph* or grounded theory or qualitative research or thematic analysis or semi-structured<br/>interview* or narrative inquiry or focus* group or content analysis or discourse or lived life<br/>experience*).tw,kf. (156494)</li> <li>15 aid in dying.mp. (243)</li> <li>16 death with dignity.mp. (607)</li> <li>17 Bill C-14.mp. (24)</li> <li>18 Bill C-7.mp. (2)</li> <li>19 MAID.mp. (458)</li> <li>20 physician assisted death.mp. (309)</li> <li>21 physician assisted death.mp. (309)</li> <li>22 (assisted suicide or physician assisted suicide).tw,kf. (3163)</li> <li>23 Qualitative Research/ (67825)</li> <li>24 1 or 2 or 3 or 4 or 5 or 6 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 (55486)</li> <li>25 7 or 8 or 9 or 10 or 11 or 13 (527655)</li> <li>26 12 or 14 or 23 (1692068)</li> <li>27 24 and 25 and 26 (5490)</li> <li>28 limit 27 to dt=19460101-20210430 [January 1st, 1946 to April 30th, 2021] (5441)</li> <li>29 limit 28 to english language (5073)</li> <li>30 limit 29 to abstracts (4876)</li> </ul>  |    |   |
| <ul> <li>medical/ or faculty, nursing/ or health educators/ or health facility administrators/ or medical</li> <li>chaperones/ or medical laboratory personnel/ or medical staff/ or exp nurses/ or nursing staff/ or</li> <li>occupational therapists/ or personnel, hospital/ or pharmacists/ or physical therapists/ or physician</li> <li>executives/ or exp physicians/ (431546)</li> <li>14 (ethnograph* or grounded theory or qualitative research or thematic analysis or semi-structured</li> <li>interview* or narrative inquiry or focus* group or content analysis or discourse or lived life</li> <li>experience*).tw,kf. (156494)</li> <li>aid in dying.mp. (243)</li> <li>death with dignity.mp. (607)</li> <li>Bill C-14.mp. (24)</li> <li>Bill C-7.mp. (2)</li> <li>MAID.mp. (458)</li> <li>ophysician assisted death.mp. (309)</li> <li>physician assisted dying.mp. (142)</li> <li>(assisted suicide or physican assisted suicide).tw,kf. (3163)</li> <li>Qualitative Research/ (67825)</li> <li>10 c or 3 or 4 or 5 or 6 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 (55486)</li> <li>7 or 8 or 9 or 10 or 11 or 13 (527655)</li> <li>26 12 or 14 or 23 (1692068)</li> <li>27 24 and 25 and 26 (5490)</li> <li>limit 27 to dt=19460101-20210430 [January 1st, 1946 to April 30th, 2021] (5441)</li> </ul>   | 28medical/ or faculty, nursing/ or health educators/ or health facility administrators/ or medical29chaperones/ or medical laboratory personnel/ or medical staff/ or exp nurses/ or nursing staff/ or30occupational therapists/ or personnel, hospital/ or pharmacists/ or physical therapists/ or physician31executives/ or exp physicians/ (431546)3314(ethnograph* or grounded theory or qualitative research or thematic analysis or semi-structured34interview* or narrative inquiry or focus* group or content analysis or discourse or lived life35experience*).tw,kf. (156494)36experience*).tw,kf. (156494)371538163917391739173917310caststed death.mp. (607)39173119312physician assisted death.mp. (309)3132031421315physician assisted death.mp. (309)3162331724318203192131931320physician assisted dying.mp. (142)3312233134341103522335310354243552536425372437253853039530395303953039530395  | 26 |   |
| <ul> <li>chaperones/ or medical laboratory personnel/ or medical staff/ or exp nurses/ or nursing staff/ or occupational therapists/ or personnel, hospital/ or pharmacists/ or physical therapists/ or physician executives/ or exp physicians/ (431546)</li> <li>14 (ethnograph* or grounded theory or qualitative research or thematic analysis or semi-structured interview* or narrative inquiry or focus* group or content analysis or discourse or lived life experience*).tw,kf. (156494)</li> <li>15 aid in dying.mp. (243)</li> <li>16 death with dignity.mp. (607)</li> <li>17 Bill C-14.mp. (24)</li> <li>19 MAID.mp. (458)</li> <li>20 physician assisted death.mp. (309)</li> <li>21 physician assisted dying.mp. (142)</li> <li>22 (assisted suicide or physician assisted suicide).tw,kf. (3163)</li> <li>23 Qualitative Research/ (67825)</li> <li>24 1 or 2 or 3 or 4 or 5 or 6 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 (55486)</li> <li>25 7 or 8 or 9 or 10 or 11 or 13 (527655)</li> <li>26 12 or 14 or 23 (1692068)</li> <li>27 24 and 25 and 26 (5490)</li> <li>28 limit 27 to dt=19460101-20210430 [January 1st, 1946 to April 30th, 2021] (5441)</li> </ul>  | <ul> <li>chaperones/ or medical laboratory personnel/ or medical staff/ or exp nurses/ or nursing staff/ or occupational therapists/ or personnel, hospital/ or pharmacists/ or physical therapists/ or physician executives/ or exp physicians/ (431546)</li> <li>14 (ethnograph* or grounded theory or qualitative research or thematic analysis or semi-structured interview* or narrative inquiry or focus* group or content analysis or discourse or lived life experience*).tw,kf. (156494)</li> <li>15 aid in dying.mp. (243)</li> <li>16 death with dignity.mp. (607)</li> <li>17 Bill C-14.mp. (24)</li> <li>18 Bill C-7.mp. (2)</li> <li>19 MAID.mp. (458)</li> <li>20 physician assisted death.mp. (309)</li> <li>21 physician assisted dying.mp. (142)</li> <li>22 (assisted suicide or physician assisted suicide).tw,kf. (3163)</li> <li>23 Qualitative Research/ (67825)</li> <li>24 1 or 2 or 3 or 4 or 5 or 6 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 (55486)</li> <li>25 7 or 8 or 9 or 10 or 11 or 13 (527655)</li> <li>26 12 or 14 or 23 (1692068)</li> <li>27 24 and 25 and 26 (5490)</li> <li>28 limit 27 to dt=19460101-20210430 [January 1st, 1946 to April 30th, 2021] (5441)</li> <li>29 limit 28 to english language (5073)</li> <li>30 limit 29 to abstracts (4876)</li> </ul>  |    |   |
| 30Chaperonesty of medical aboratory personnel, bospital/ or neuclasistal/ of exp indises/ of musics/ or physician31occupational therapists/ or personnel, hospital/ or pharmacists/ or physical therapists/ or physician32executives/ or exp physicians/ (431546)3314(ethnograph* or grounded theory or qualitative research or thematic analysis or semi-structured34interview* or narrative inquiry or focus* group or content analysis or discourse or lived life35experience*).tw,kf. (156494)36experience*).tw,kf. (156494)3715381649153917310ceath with dignity.mp. (607)39173119401831219411942194320442145224320442145224623472448244949254110 r 2 or 3 or 4 or 5 or 6 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 (55486)49254110 r 20 r 11 or 13 (527655)43204425 and 26 (5490)542445254612 or 14 or 23 (1692068)512728limit 27 to dt=19460101-20210430 [January 1st, 1946 to April 30th, 2021] (5441)  | 30313231occupational therapists/ or personnel, hospital/ or pharmacists/ or physical therapists/ or physician32executives/ or exp physicians/ (431546)3314(ethnograph* or grounded theory or qualitative research or thematic analysis or semi-structured34interview* or narrative inquiry or focus* group or content analysis or discourse or lived life35experience*).tw,kf. (156494)36153715381639173917310C-7.mp. (2)41194220432044214522452246(assisted death.mp. (309)4421452246(assisted dying.mp. (142)45224623471 or 2 or 3 or 4 or 5 or 6 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 (55486)48254925411 or 2 or 3 or 4 or 5 or 6 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 (55486)4925411 or 2 or 3 or 4 or 5 or 6 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 (55486)4925411 or 2 or 3 or 4 or 5 or 6 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 (55486)4127421 or 2 or 3 or 4 or 5 or 6 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 (55486)43294421 or 2 or 3 or 4 or 5 or 6 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 (55486)45<   |    | medical/ or faculty, nursing/ or health educators/ or health facility administrators/ or medical      |
| 31occupational therapists/ or personnel, nospital/ or pharmacists/ or physical therapists/ or physician32executives/ or exp physicians/ (431546)3314 (ethnograph* or grounded theory or qualitative research or thematic analysis or semi-structured34interview* or narrative inquiry or focus* group or content analysis or discourse or lived life35experience*).tw,kf. (156494)3615 aid in dying.mp. (243)3715 aid in dying.mp. (607)3816 death with dignity.mp. (607)3917 Bill C-14.mp. (24)4018 Bill C-7.mp. (2)4119 MAID.mp. (458)4220 physician assisted death.mp. (309)4421 physician assisted dying.mp. (142)4522 (assisted suicide or physician assisted suicide).tw,kf. (3163)4623 Qualitative Research/ (67825)4724 1 or 2 or 3 or 4 or 5 or 6 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 (55486)4825 7 or 8 or 9 or 10 or 11 or 13 (527655)5026 12 or 14 or 23 (1692068)5127 24 and 25 and 26 (5490)5228 limit 27 to dt=19460101-20210430 [January 1st, 1946 to April 30th, 2021] (5441)  | 31occupational therapists/ or personnel, hospital/ or pharmacists/ or physician therapists/ or physician32executives/ or exp physicians/ (431546)3314 (ethnograph* or grounded theory or qualitative research or thematic analysis or semi-structured34interview* or narrative inquiry or focus* group or content analysis or discourse or lived life35experience*).tw,kf. (156494)36experience*).tw,kf. (156494)371538163917301640183112411942204320442144214522452246234724482449254925401841194220432044214522462347244824492549254110 2 0 r 3 or 4 or 5 or 6 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 (55486)4623472448254925492540264110 2 or 14 or 23 (1692068)512724and 25 on and 26 (5490)25282612 or 14 or 23 (1692064)5228291imit 28   |    | chaperones/ or medical laboratory personnel/ or medical staff/ or exp nurses/ or nursing staff/ or    |
| 32       executives/ or exp physicians/ (431546)         33       14 (ethnograph* or grounded theory or qualitative research or thematic analysis or semi-structured         34       interview* or narrative inquiry or focus* group or content analysis or discourse or lived life         35       experience*).tw,kf. (156494)         36       15       aid in dying.mp. (243)         38       16       death with dignity.mp. (607)         39       17       Bill C-14.mp. (24)         40       18       Bill C-7.mp. (2)         41       19       MAID.mp. (458)         42       20       physician assisted death.mp. (309)         44       21       physician assisted dying.mp. (142)         45       22       (assisted suicide or physician assisted suicide).tw,kf. (3163)         46       23       Qualitative Research/ (67825)         47       24       1 or 2 or 3 or 4 or 5 or 6 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 (55486)         48       25       7 or 8 or 9 or 10 or 11 or 13 (527655)         50       26       12 or 14 or 23 (1692068)         51       27       24 and 25 and 26 (5490)         52       28       limit 27 to dt=19460101-20210430 [January 1st, 1946 to April 30th, 2021] (5441)   | 32executives/ or exp physicians/ (431546)3314 (ethnograph* or grounded theory or qualitative research or thematic analysis or semi-structured34interview* or narrative inquiry or focus* group or content analysis or discourse or lived life35experience*).tw,kf. (156494)36experience*).tw,kf. (156494)3715 aid in dying.mp. (243)3816 death with dignity.mp. (607)3917 Bill C-14.mp. (24)4018 Bill C-7.mp. (2)4119 MAID.mp. (458)4220 physician assisted death.mp. (309)4421 physician assisted death.mp. (309)4421 physician assisted dying.mp. (142)4522 (assisted suicide or physician assisted suicide).tw,kf. (3163)4623 Qualitative Research/ (67825)4724 1 or 2 or 3 or 4 or 5 or 6 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 (55486)4825 7 or 8 or 9 or 10 or 11 or 13 (527655)5026 12 or 14 or 23 (1692068)5127 24 and 25 and 26 (5490)5228 limit 27 to dt=19460101-20210430 [January 1st, 1946 to April 30th, 2021] (5441)53295430553056   |    | occupational therapists/ or personnel, hospital/ or pharmacists/ or physical therapists/ or physician |
| 14       (ethnograph* or grounded theory or qualitative research or thematic analysis or semi-structured         interview* or narrative inquiry or focus* group or content analysis or discourse or lived life         experience*).tw,kf. (156494)         15       aid in dying.mp. (243)         16       death with dignity.mp. (607)         17       Bill C-14.mp. (24)         18       Bill C-7.mp. (2)         19       MAID.mp. (458)         20       physician assisted death.mp. (309)         21       physician assisted dying.mp. (142)         22       (assisted suicide or physician assisted suicide).tw,kf. (3163)         46       23       Qualitative Research/ (67825)         24       1 or 2 or 3 or 4 or 5 or 6 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 (55486)         25       7 or 8 or 9 or 10 or 11 or 13 (527655)         26       12 or 14 or 23 (1692068)         27       24 and 25 and 26 (5490)         28       limit 27 to dt=19460101-20210430 [January 1st, 1946 to April 30th, 2021] (5441)  | 14       (ethnograph* or grounded theory or qualitative research or thematic analysis or semi-structured         interview* or narrative inquiry or focus* group or content analysis or discourse or lived life         experience*).tw,kf. (156494)         15       aid in dying.mp. (243)         16       death with dignity.mp. (607)         17       Bill C-14.mp. (24)         18       Bill C-7.mp. (2)         11       19         MAID.mp. (458)         20       physician assisted death.mp. (309)         21       physician assisted death.mp. (309)         22       (assisted suicide or physician assisted suicide).tw,kf. (3163)         23       Qualitative Research (67825)         24       1 or 2 or 3 or 4 or 5 or 6 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 (55486)         25       7 or 8 or 9 or 10 or 11 or 13 (527655)         26       12 or 14 or 23 (1692068)         27       24 and 25 and 26 (5490)         28       limit 27 to dt=19460101-20210430 [January 1st, 1946 to April 30th, 2021] (5441)         29       limit 28 to english language (5073)         30       limit 29 to abstracts (4876)  |    | executives/ or exp physicians/ (431546)   |
| 34       interview* or narrative inquiry or focus* group or content analysis or discourse or lived life         35       experience*).tw,kf. (156494)         36       15       aid in dying.mp. (243)         37       16       death with dignity.mp. (607)         38       16       death with dignity.mp. (607)         39       17       Bill C-14.mp. (24)         40       18       Bill C-7.mp. (2)         41       19       MAID.mp. (458)         42       0       physician assisted death.mp. (309)         44       21       physician assisted dying.mp. (142)         45       22       (assisted suicide or physician assisted suicide).tw,kf. (3163)         46       23       Qualitative Research/ (67825)         47       24       1 or 2 or 3 or 4 or 5 or 6 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 (55486)         48       25       7 or 8 or 9 or 10 or 11 or 13 (527655)         50       26       12 or 14 or 23 (1692068)         51       27       24 and 25 and 26 (5490)         52       28       limit 27 to dt=19460101-20210430 [January 1st, 1946 to April 30th, 2021] (5441)  | 34       interview* or narrative inquiry or focus* group or content analysis or discourse or lived life         35       experience*).tw,kf. (156494)         36       15       aid in dying.mp. (243)         37       16       death with dignity.mp. (607)         38       16       death with dignity.mp. (607)         39       17       Bill C-14.mp. (24)         40       18       Bill C-7.mp. (2)         41       19       MAID.mp. (458)         42       20       physician assisted death.mp. (309)         43       20       physician assisted dying.mp. (142)         45       22       (assisted suicide or physician assisted suicide).tw,kf. (3163)         44       21       physician assisted for 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 (55486)         45       22       (assisted suicide or physician assisted suicide).tw,kf. (3163)         48       25       7 or 8 or 9 or 10 or 11 or 13 (527655)         50       26       12 or 14 or 23 (1692068)         51       27       24 and 25 and 26 (5490)         52       28       limit 27 to dt=19460101-20210430 [January 1st, 1946 to April 30th, 2021] (5441)         53       29       limit 28 to english language (5073)         54       29       limit 29 to abstracts (   |    |   |
| 35       experience*).tw,kf. (156494)         36       15       aid in dying.mp. (243)         37       16       death with dignity.mp. (607)         38       16       death with dignity.mp. (607)         39       17       Bill C-14.mp. (24)         40       18       Bill C-7.mp. (2)         41       19       MAID.mp. (458)         42       20       physician assisted death.mp. (309)         43       20       physician assisted death.mp. (142)         44       21       physician assisted dying.mp. (142)         45       22       (assisted suicide or physician assisted suicide).tw,kf. (3163)         46       23       Qualitative Research/ (67825)         47       24       1 or 2 or 3 or 4 or 5 or 6 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 (55486)         49       25       7 or 8 or 9 or 10 or 11 or 13 (527655)         50       26       12 or 14 or 23 (1692068)         51       27       24 and 25 and 26 (5490)         52       28       limit 27 to dt=19460101-20210430 [January 1st, 1946 to April 30th, 2021] (5441)  | 35       experience*).tw,kf. (156494)         36       15       aid in dying.mp. (243)         37       16       death with dignity.mp. (607)         38       16       death with dignity.mp. (607)         39       17       Bill C-14.mp. (24)         40       18       Bill C-7.mp. (2)         41       19       MAID.mp. (458)         42       20       physician assisted death.mp. (309)         43       20       physician assisted death.mp. (309)         44       21       physician assisted dying.mp. (142)         45       22       (assisted suicide or physician assisted suicide).tw,kf. (3163)         46       23       Qualitative Research/ (67825)         47       24       1 or 2 or 3 or 4 or 5 or 6 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 (55486)         48       25       7 or 8 or 9 or 10 or 11 or 13 (527655)         50       26       12 or 14 or 23 (1692068)         51       27       24 and 25 and 26 (5490)         52       28       limit 27 to dt=19460101-20210430 [January 1st, 1946 to April 30th, 2021] (5441)         53       29       limit 28 to english language (5073)         54       29 to abstracts (4876)  |    |   |
| 36       15       aid in dying.mp. (243)         38       16       death with dignity.mp. (607)         39       17       Bill C-14.mp. (24)         40       18       Bill C-7.mp. (2)         41       19       MAID.mp. (458)         42       20       physician assisted death.mp. (309)         44       21       physician assisted dying.mp. (142)         45       22       (assisted suicide or physician assisted suicide).tw,kf. (3163)         46       23       Qualitative Research/ (67825)         47       24       1 or 2 or 3 or 4 or 5 or 6 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 (55486)         49       25       7 or 8 or 9 or 10 or 11 or 13 (527655)         50       26       12 or 14 or 23 (1692068)         51       27       24 and 25 and 26 (5490)         52       28       limit 27 to dt=19460101-20210430 [January 1st, 1946 to April 30th, 2021] (5441)  | 36       15       aid in dying.mp. (243)         37       15       death with dignity.mp. (607)         38       16       death with dignity.mp. (607)         39       17       Bill C-14.mp. (24)         40       18       Bill C-7.mp. (2)         41       19       MAID.mp. (458)         42       19       MAID.mp. (458)         43       20       physician assisted death.mp. (309)         44       21       physician assisted dying.mp. (142)         45       22       (assisted suicide or physician assisted suicide).tw,kf. (3163)         46       23       Qualitative Research/ (67825)         47       24       1 or 2 or 3 or 4 or 5 or 6 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 (55486)         49       25       7 or 8 or 9 or 10 or 11 or 13 (527655)         50       26       12 or 14 or 23 (1692068)         51       27       24 and 25 and 26 (5490)         52       28       limit 27 to dt=19460101-20210430 [January 1st, 1946 to April 30th, 2021] (5441)         53       29       limit 28 to english language (5073)         54       29       to abstracts (4876)  | 35 |   |
| 38       16       death with dignity.mp. (607)         39       17       Bill C-14.mp. (24)         40       18       Bill C-7.mp. (2)         41       19       MAID.mp. (458)         42       20       physician assisted death.mp. (309)         43       20       physician assisted dying.mp. (142)         45       22       (assisted suicide or physician assisted suicide).tw,kf. (3163)         46       23       Qualitative Research/ (67825)         47       24       1 or 2 or 3 or 4 or 5 or 6 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 (55486)         48       25       7 or 8 or 9 or 10 or 11 or 13 (527655)         50       26       12 or 14 or 23 (1692068)         51       27       24 and 25 and 26 (5490)         52       28       limit 27 to dt=19460101-20210430 [January 1st, 1946 to April 30th, 2021] (5441)   | 38       16       death with dignity.mp. (607)         39       17       Bill C-14.mp. (24)         40       18       Bill C-7.mp. (2)         41       19       MAID.mp. (458)         42       19       MAID.mp. (458)         43       20       physician assisted death.mp. (309)         44       21       physician assisted dying.mp. (142)         45       22       (assisted suicide or physician assisted suicide).tw,kf. (3163)         46       23       Qualitative Research (67825)         47       24       1 or 2 or 3 or 4 or 5 or 6 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 (55486)         49       25       7 or 8 or 9 or 10 or 11 or 13 (527655)         50       26       12 or 14 or 23 (1692068)         51       27       24 and 25 and 26 (5490)         52       28       limit 27 to dt=19460101-20210430 [January 1st, 1946 to April 30th, 2021] (5441)         53       29       limit 28 to english language (5073)         54       30       limit 29 to abstracts (4876)  |    |   |
| 39       17       Bill C-14.mp. (24)         40       18       Bill C-7.mp. (2)         41       19       MAID.mp. (458)         42       20       physician assisted death.mp. (309)         43       21       physician assisted dying.mp. (142)         45       22       (assisted suicide or physician assisted suicide).tw,kf. (3163)         46       23       Qualitative Research/ (67825)         47       24       1 or 2 or 3 or 4 or 5 or 6 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 (55486)         48       25       7 or 8 or 9 or 10 or 11 or 13 (527655)         50       26       12 or 14 or 23 (1692068)         51       27       24 and 25 and 26 (5490)         52       28       limit 27 to dt=19460101-20210430 [January 1st, 1946 to April 30th, 2021] (5441)  | 39       17       Bill C-14.mp. (24)         40       18       Bill C-7.mp. (2)         41       19       MAID.mp. (458)         42       19       MAID.mp. (458)         43       20       physician assisted death.mp. (309)         44       21       physician assisted dying.mp. (142)         45       22       (assisted suicide or physician assisted suicide).tw,kf. (3163)         46       23       Qualitative Research/ (67825)         47       24       1 or 2 or 3 or 4 or 5 or 6 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 (55486)         48       24       1 or 2 or 3 or 4 or 5 or 6 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 (55486)         49       25       7 or 8 or 9 or 10 or 11 or 13 (527655)         50       26       12 or 14 or 23 (1692068)         51       27       24 and 25 and 26 (5490)         52       28       limit 27 to dt=19460101-20210430 [January 1st, 1946 to April 30th, 2021] (5441)         53       29       limit 28 to english language (5073)         54       30       limit 29 to abstracts (4876)   |    |   |
| 43       20       physician assisted death.mp. (309)         44       21       physician assisted dying.mp. (142)         45       22       (assisted suicide or physician assisted suicide).tw,kf. (3163)         46       23       Qualitative Research/ (67825)         47       24       1 or 2 or 3 or 4 or 5 or 6 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 (55486)         48       25       7 or 8 or 9 or 10 or 11 or 13 (527655)         50       26       12 or 14 or 23 (1692068)         51       27       24 and 25 and 26 (5490)         52       28       limit 27 to dt=19460101-20210430 [January 1st, 1946 to April 30th, 2021] (5441)   | 43       20       physician assisted death.mp. (309)         44       21       physician assisted dying.mp. (142)         45       22       (assisted suicide or physician assisted suicide).tw,kf. (3163)         46       23       Qualitative Research/ (67825)         47       24       1 or 2 or 3 or 4 or 5 or 6 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 (55486)         48       25       7 or 8 or 9 or 10 or 11 or 13 (527655)         50       26       12 or 14 or 23 (1692068)         51       27       24 and 25 and 26 (5490)         52       28       limit 27 to dt=19460101-20210430 [January 1st, 1946 to April 30th, 2021] (5441)         53       29       limit 28 to english language (5073)         54       57       30  |    |   |
| 43       20       physician assisted death.mp. (309)         44       21       physician assisted dying.mp. (142)         45       22       (assisted suicide or physician assisted suicide).tw,kf. (3163)         46       23       Qualitative Research/ (67825)         47       24       1 or 2 or 3 or 4 or 5 or 6 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 (55486)         48       25       7 or 8 or 9 or 10 or 11 or 13 (527655)         50       26       12 or 14 or 23 (1692068)         51       27       24 and 25 and 26 (5490)         52       28       limit 27 to dt=19460101-20210430 [January 1st, 1946 to April 30th, 2021] (5441)   | 43       20       physician assisted death.mp. (309)         44       21       physician assisted dying.mp. (142)         45       22       (assisted suicide or physician assisted suicide).tw,kf. (3163)         46       23       Qualitative Research/ (67825)         47       24       1 or 2 or 3 or 4 or 5 or 6 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 (55486)         48       25       7 or 8 or 9 or 10 or 11 or 13 (527655)         50       26       12 or 14 or 23 (1692068)         51       27       24 and 25 and 26 (5490)         52       28       limit 27 to dt=19460101-20210430 [January 1st, 1946 to April 30th, 2021] (5441)         53       29       limit 28 to english language (5073)         54       57       30  |    | 17 Bill C-14.mp. (24)   |
| 43       20       physician assisted death.mp. (309)         44       21       physician assisted dying.mp. (142)         45       22       (assisted suicide or physician assisted suicide).tw,kf. (3163)         46       23       Qualitative Research/ (67825)         47       24       1 or 2 or 3 or 4 or 5 or 6 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 (55486)         48       25       7 or 8 or 9 or 10 or 11 or 13 (527655)         50       26       12 or 14 or 23 (1692068)         51       27       24 and 25 and 26 (5490)         52       28       limit 27 to dt=19460101-20210430 [January 1st, 1946 to April 30th, 2021] (5441)   | 43       20       physician assisted death.mp. (309)         44       21       physician assisted dying.mp. (142)         45       22       (assisted suicide or physician assisted suicide).tw,kf. (3163)         46       23       Qualitative Research/ (67825)         47       24       1 or 2 or 3 or 4 or 5 or 6 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 (55486)         48       25       7 or 8 or 9 or 10 or 11 or 13 (527655)         50       26       12 or 14 or 23 (1692068)         51       27       24 and 25 and 26 (5490)         52       28       limit 27 to dt=19460101-20210430 [January 1st, 1946 to April 30th, 2021] (5441)         53       29       limit 28 to english language (5073)         54       57       30  |    | 18 Bill C-7.mp. (2)   |
| 43       20       physician assisted death.mp. (309)         44       21       physician assisted dying.mp. (142)         45       22       (assisted suicide or physician assisted suicide).tw,kf. (3163)         46       23       Qualitative Research/ (67825)         47       24       1 or 2 or 3 or 4 or 5 or 6 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 (55486)         48       25       7 or 8 or 9 or 10 or 11 or 13 (527655)         50       26       12 or 14 or 23 (1692068)         51       27       24 and 25 and 26 (5490)         52       28       limit 27 to dt=19460101-20210430 [January 1st, 1946 to April 30th, 2021] (5441)   | 4320physician assisted death.mp. (309)4421physician assisted dying.mp. (142)4522(assisted suicide or physician assisted suicide).tw,kf. (3163)4623Qualitative Research/ (67825)47241 or 2 or 3 or 4 or 5 or 6 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 (55486)48257 or 8 or 9 or 10 or 11 or 13 (527655)502612 or 14 or 23 (1692068)512724 and 25 and 26 (5490)5228limit 27 to dt=19460101-20210430 [January 1st, 1946 to April 30th, 2021] (5441)5329limit 28 to english language (5073)5657  |    |   |
| 44       21       physician assisted dying.mp. (142)         45       22       (assisted suicide or physician assisted suicide).tw,kf. (3163)         46       23       Qualitative Research/ (67825)         47       24       1 or 2 or 3 or 4 or 5 or 6 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 (55486)         48       25       7 or 8 or 9 or 10 or 11 or 13 (527655)         50       26       12 or 14 or 23 (1692068)         51       27       24 and 25 and 26 (5490)         52       28       limit 27 to dt=19460101-20210430 [January 1st, 1946 to April 30th, 2021] (5441)  | 4421physician assisted dying.mp. (142)4522(assisted suicide or physician assisted suicide).tw,kf. (3163)4623Qualitative Research/ (67825)47241 or 2 or 3 or 4 or 5 or 6 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 (55486)48257 or 8 or 9 or 10 or 11 or 13 (527655)502612 or 14 or 23 (1692068)512724 and 25 and 26 (5490)5228limit 27 to dt=19460101-20210430 [January 1st, 1946 to April 30th, 2021] (5441)5329limit 28 to english language (5073)5657  |    |   |
| 46       23       Qualitative Research/ (67825)         47       24       1 or 2 or 3 or 4 or 5 or 6 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 (55486)         48       25       7 or 8 or 9 or 10 or 11 or 13 (527655)         50       26       12 or 14 or 23 (1692068)         51       27       24 and 25 and 26 (5490)         52       28       limit 27 to dt=19460101-20210430 [January 1st, 1946 to April 30th, 2021] (5441)  | 4623Qualitative Research/ (67825)47241 or 2 or 3 or 4 or 5 or 6 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 (55486)48257 or 8 or 9 or 10 or 11 or 13 (527655)502612 or 14 or 23 (1692068)512724 and 25 and 26 (5490)5228limit 27 to dt=19460101-20210430 [January 1st, 1946 to April 30th, 2021] (5441)5329limit 28 to english language (5073)5430limit 29 to abstracts (4876)  | 44 | 21 physician assisted dying.mp. (142)   |
| 47       24       1 or 2 or 3 or 4 or 5 or 6 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 (55486)         48       25       7 or 8 or 9 or 10 or 11 or 13 (527655)         50       26       12 or 14 or 23 (1692068)         51       27       24 and 25 and 26 (5490)         52       28       limit 27 to dt=19460101-20210430 [January 1st, 1946 to April 30th, 2021] (5441)  | 47       24       1 or 2 or 3 or 4 or 5 or 6 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 (55486)         48       25       7 or 8 or 9 or 10 or 11 or 13 (527655)         50       26       12 or 14 or 23 (1692068)         51       27       24 and 25 and 26 (5490)         52       28       limit 27 to dt=19460101-20210430 [January 1st, 1946 to April 30th, 2021] (5441)         53       29       limit 28 to english language (5073)         54       30       limit 29 to abstracts (4876)   | 45 | 22 (assisted suicide or physician assisted suicide).tw,kf. (3163)                                     |
| 48       24       1 of 2 of 3 of 4 of 5 of 6 of 15 of 16 of 17 of 18 of 19 of 20 of 21 of 22 (55486)         49       25       7 or 8 or 9 or 10 or 11 or 13 (527655)         50       26       12 or 14 or 23 (1692068)         51       27       24 and 25 and 26 (5490)         52       28       limit 27 to dt=19460101-20210430 [January 1st, 1946 to April 30th, 2021] (5441)  | 48       24       1 or 2 or 3 or 4 or 5 or 6 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 (55486)         49       25       7 or 8 or 9 or 10 or 11 or 13 (527655)         50       26       12 or 14 or 23 (1692068)         51       27       24 and 25 and 26 (5490)         52       28       limit 27 to dt=19460101-20210430 [January 1st, 1946 to April 30th, 2021] (5441)         53       29       limit 28 to english language (5073)         54       30       limit 29 to abstracts (4876)         56       57   |    | 23 Qualitative Research/ (67825)  |
| 48       25       7 or 8 or 9 or 10 or 11 or 13 (527655)         50       26       12 or 14 or 23 (1692068)         51       27       24 and 25 and 26 (5490)         52       28       limit 27 to dt=19460101-20210430 [January 1st, 1946 to April 30th, 2021] (5441)   | 48       25       7 or 8 or 9 or 10 or 11 or 13 (527655)         50       26       12 or 14 or 23 (1692068)         51       27       24 and 25 and 26 (5490)         52       28       limit 27 to dt=19460101-20210430 [January 1st, 1946 to April 30th, 2021] (5441)         53       29       limit 28 to english language (5073)         54       30       limit 29 to abstracts (4876)         56       57  |    | 24 1 or 2 or 3 or 4 or 5 or 6 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 (55486)                 |
| 50       26       12 or 14 or 23 (1692068)         51       27       24 and 25 and 26 (5490)         52       28       limit 27 to dt=19460101-20210430 [January 1st, 1946 to April 30th, 2021] (5441)  | 502612 or 14 or 23 (1692068)512724 and 25 and 26 (5490)5228limit 27 to dt=19460101-20210430 [January 1st, 1946 to April 30th, 2021] (5441)5329limit 28 to english language (5073)5430limit 29 to abstracts (4876)5657   |    |   |
| 51       27       24 and 25 and 26 (5490)         52       28       limit 27 to dt=19460101-20210430 [January 1st, 1946 to April 30th, 2021] (5441)   | 51       27       24 and 25 and 26 (5490)         52       28       limit 27 to dt=19460101-20210430 [January 1st, 1946 to April 30th, 2021] (5441)         53       29       limit 28 to english language (5073)         54       30       limit 29 to abstracts (4876)         56       57  |    |   |
| <sup>52</sup> 28 limit 27 to dt=19460101-20210430 [January 1st, 1946 to April 30th, 2021] (5441)  | 52       28       limit 27 to dt=19460101-20210430 [January 1st, 1946 to April 30th, 2021] (5441)         53       29       limit 28 to english language (5073)         54       30       limit 29 to abstracts (4876)         56       57  |    |   |
|   | <ul> <li>53 29 limit 27 to dt=15400101 20210450 (statuly 15t, 1540 to April 50th, 2021) (5441)</li> <li>54 30 limit 29 to abstracts (4876)</li> <li>56</li> <li>57</li> </ul>   |    |   |
| 23 20 limit 29 to english language (5072)   | 54     30     limit 29 to abstracts (4876)       56     57  |    |   |
| 54  | 56<br>57  | 54 |   |
|   | 57  |    |   |
|   |   |    |   |
|   | 00  |    |   |
|   | 59  |    |   |

BMJ Open

## 

\*\*\*\*\*

Grey Literature databases (December 10<sup>th</sup> 2018 to March 1<sup>st</sup>, 2019, updated August 2020 and 2021)

Total # Records after de-duplication: 13. Records selected after applying critical appraisal tool 8.

| Database           | Search strategy                        | #records | # new records and     |
|--------------------|--|----------|-----------------------|
|                    |  | screened | records after de-     |
|                    |  |          | duplication and       |
|                    |  |          | applying the critical |
|                    |  |          | appraisal tool        |
| Google scholar     | With the exact phrase: "Medical        | 400      | 5                     |
|                    | assistance in dying" ; "physician      |          |                       |
|                    | assisted suicide"; With all the words: |          |                       |
|                    | "emotional impact on health care       |          |                       |
|                    | providers involved in medical          |          |                       |
|                    | assistance in dying"                   |          |                       |
| Des                | Medical assistance in dying            | 5        | 0                     |
| Lebris/Canadian    |  |          |                       |
| Electronic Library | 4                                      |          |                       |
| Canadian Institute | Medical assistance in dying            | 7        | 0                     |
| of Health          |  |          |                       |
| Information (CIHI) | L.                                     |          |                       |
|                    | 6                                      |          |                       |
| OAIster database   | Medical Assistance in dying, Physician | 206      | 2                     |
| (includes          | assisted suicide as key word           |          |                       |
| WordCAT)           |  |          |                       |
| OpenGrey           | Medical assistance in dying, Physician | 4        | 0                     |
|                    | Assisted suicide as key word           |          |                       |
| BASE (Bielefeld    | Subject Heading search: "Medical       | 670      | 1                     |
| Academic Search    | Assistance in dying"                   |          |                       |
| Engine)            |  |          |                       |

| 1<br>2<br>3<br>4<br>5<br>6<br>7<br>8         |   |
|--|---|
| 9<br>10<br>11<br>12<br>13<br>14              | S |
| 15<br>16<br>17<br>18<br>19<br>20<br>21<br>22 |   |
| 22<br>23<br>24<br>25<br>26<br>27<br>28<br>29 |   |
| 30<br>31<br>32<br>33<br>34<br>35<br>36       |   |
| 37<br>38<br>39<br>40<br>41<br>42<br>43       | C |
| 44<br>45<br>46<br>47<br>48<br>49<br>50       | В |
| 51<br>52<br>53<br>54<br>55<br>56<br>57       |   |
| 58<br>59<br>60                               |   |

Selected records:

Google scholar included Results:

- Beuthin R. Cultivating Compassion: The Practice Experience of a Medical Assistance in Dying Coordinator in Canada. *Qualitative Health Research*. 2018;28(11):1679-1691. doi:<u>10.1177/1049732318788850</u>
- 2. Bouthillier M-E, Opatrny L. A qualitative study of physicians' conscientious objections to medical aid in dying. *Palliative Medicine*. 2019;33(9):1212-1220. doi:10.1177/0269216319861921
- 3. Bruce A, Beuthin R. Medically Assisted Dying in Canada: "Beautiful Death" Is Transforming Nurses' Experiences of Suffering. *Canadian Journal of Nursing Research*. June 2019. doi:10.1177/0844562119856234
- Alison A. Townsley. Putting a Bow on Death and Dying-Health Care Professionals' Experiences with Medical Assistance in Dying (MAiD): A Foucauldian Discourse Analysis with Agambian Insights. [Practice Based Research Paper on the Internet]. York University School of Social Work; 2018. [Cited February 28,2019] Available from: <u>https://yorkspace.library.yorku.ca/xmlui/bitstream/handle/10315/35613/Alison\_Townsley\_PRP\_2018.pdf?sequence=1</u>
- Gamondi C, Borasio GD, Oliver P, Preston N, Payne S. Responses to assisted suicide requests: an interview study with Swiss palliative care physicians. BMJ Support Palliat Care. 2019 Mar;9(1):e7. doi: 10.1136/bmjspcare-2016-001291. Epub 2017 Aug 11. Available from https://pubmed.ncbi.nlm.nih.gov/28801317/

OAIster included Results:

- Implementing Medical Aid-in-Dying in Vermont: a Qualitative Study. J GEN INTERN MED 34, 636–641 (2019). <u>https://doi.org/10.1007/s11606-018-4811-1</u>
- Allyson Oliphant. "If Not Me, Then Who?" The Narratives of Medical Aid in Dying (MAiD) Providers and Supporters Around Their Professional Identity and Role in MAiD [Thesis on the Internet]. MacMaster University; 2017. [Cited on February 10, 2019]. Available from <u>http://hdl.handle.net/11375/22146</u>

BASE included results:

 Sheridan, Laura, "When Patients Ask to Die: The Role of Nurses in Medical Assistance in Dying" (2017). Electronic Thesis and Dissertation Repository. 5041. <u>https://ir.lib.uwo.ca/etd/5041</u>

|  |                           |    |    |    |    | BMJ Open |    |    |    | u by cc  | /bmjop   |           |                   |
|--|---------------------------|----|----|----|----|----------|----|----|----|--|--|-----------|-------------------|
|  |                           |    |    |    |    |          |    |    |    | pyright, menanig   | 136/bmjopen-2021-058523 on <mark>19</mark> July 2022 |           |                   |
| number and io  | BI<br>Quest<br>onna<br>re | 1. | 2. | 3. | 4. | 5.       | 6. | 7. | 8. | 9. 4363 64   | n 1 <b>S</b> July 2022                               | Appraisal | R for<br>exclusio |
| 1.Voorhees et al.,<br>and Netherlands,<br>physicians 23                  |                           | Y  | Y  | Y  | Y  | Y        | Y  | N  | Y  | Y .ed to   | Dov  | Include   |                   |
| 2.Van Marwjik et a<br>Netherlands 22<br>Primary care ph                  | al.                       | Y  | Y  | Y  | Y  | Y        | N  | N  | Y  | Unc  | vnloaded<br><del>t Superie</del><br>t text and       | Include   |                   |
| 3. Denier Yyonne e<br>2010. Belgium Nur<br>n=18                          |                           | Y  | Y  | Y  | Y  | Y        | N  | N  | Y  | Y Cata   | d from hi<br><del>our (ABB</del>                     | include   |                   |
| 4. Elizabeth Norton<br>al. 2012<br>USA-social worker                     |                           | Y  | Y  | Y  | Y  | Y        | N  | N  | Y  | Unc  | http://br<br>BES).                                   | include   |                   |
| 5. JJ Georges et al.<br>2008. Netherlands<br>GPs                         |                           | Y  | Y  | Y  | Y  | Y        | N  | N  | Y  | Unc 2  | mjopen.l   | Include   |                   |
| 6. Snijdewind et al<br>2014<br>(Netherlands, 28<br>physicians)           | ıl.,                      | Y  | Y  | Y  | Y  | Y        | N  | N  | Y  | Vinc and solution of the solut | bmj.com/ o   | include   |                   |
| 7. Katja ten Cate e<br>2017-33 physician<br>netherlands                  |                           | Y  | Y  | Y  | Y  | Y        | N  | N  | Y  | Y  | n,June<br>milar ter                                  | Include   |                   |
| 8. Donald G Van to<br>al., 2012. Netherla<br>15 physicians               |                           | Y  | Y  | Y  | Y  | Y        | Ν  | N  | Y  | N  | 1,1, 202   | include   |                   |
| 9.Veronica Lorrain<br>Fausto Melchor, 2<br>USA Hospice socia<br>worker 8 | 2018.                     | Y  | Y  | Y  | Y  | Y        | Y  | Y  | Y  | Y  | 2025 at Agerçe Bibliographique de l                  | include   |                   |
| 10. Pamela Miller<br>al., 2008 Oregon S                                  |                           | Y  | Y  | Y  | Y  | Y        | N  | N  | Y  | Unc  | nçe E  | Include   |                   |
| 11. Deborah Volke<br>al., 2001. USA Onc                                  | er et                     | Y  | Y  | Y  | Y  | Y        | N  | N  | Y  | Unc  | 3ibliogra  | Include   |                   |

Page 38 of 69

|     | Y<br>Y<br>Y<br>Y | N<br>N<br>N                     | N<br>N<br>N   | Y<br>Y<br>Y  | rela  | ly 2022<br>h <del>soign</del>  | exclude<br>include<br>Include   | Study done a<br>a time<br>assisted<br>death not<br>legal, so doe<br>not meet<br>inclusion<br>criteria.  |
|-----|------------------|---------------------------------|---|--|---|--|---|---|
|     | Y<br>Y<br>Y      | N                               | N   | Y  | >s rela   | ly 2022<br>h <del>soign</del>  | include   | a time<br>assisted<br>death not<br>legal, so do<br>not meet<br>inclusion  |
|     | Y                |                                 |   |  | >s rela   | ly 2022<br>h <del>soign</del>  |   |   |
|     |                  | Ν                               | N   | Y  | NR to t   | Dov  | Include   |   |
|     | Y                |                                 |   |  | <u>ត</u> (  | t s  |   |   |
| 604 |                  | Ν                               | N   | Y  | 31  | rom h  | Include   |   |
|     | Y                | Ν                               | N   | Y  | ning, Al<br>≻   | tp://bmj<br>S)   | include   |   |
|     | Y                | N                               | N   | Y  | training<br>Y   | open.br  | include   |   |
|     | Y                | Ν                               | N   | Y  | and sir   | .com/ o  | include   |   |
|     | Y                | Ν                               | N   | Y  | Unc Unc   | June 11 پالر   | include   |   |
|     | Y                | Ν                               | N   | Y  | ologies<br>>  | , <b>2025</b> a  | include   |   |
|     | Y                | N                               | N   | Y  | Unc   | t,Agenc  | Include   |   |
|     | Y                | N                               | N   | Y  | Y   | Biblio   | include   |   |
|     | nly - http://bm  | Y<br>Y<br>Y<br>Y<br>Y<br>Y<br>Y | Y         N           Y         N           Y         N           Y         N           Y         N           Y         N           Y         N           Y         N           Y         N           Y         N           Y         N           Y         N           Y         N | Y N N<br>Y N N<br>Y N N<br>Y N N<br>Y N N<br>Y N N | Y     N     N     Y       Y     N     N     Y       Y     N     N     Y       Y     N     N     Y       Y     N     N     Y       Y     N     N     Y       Y     N     N     Y       Y     N     N     Y       Y     N     N     Y       Y     N     N     Y | YNNYYNing, Al training, and similar technologies.YNNYYYYYNNYYYUncYNNYYUncYNNYYUncYNNYYYNNYYYNNYYYNNYYYNNYYYNNYYYNNYY | Y       N       Y       Y       Y       All training, and similar technologies, and similar technologies, and similar technologies, uncertainty       Y | Y       N       N       Y       Y       Include         Y       N       N       Y       Y       Include |

|   |   |   |     |                   | BMJ Open |   |   |   | cted by copyright,   | 136/bmjopen-202  |         |  |
|---|---|---|-----|-------------------|----------|---|---|---|----------------------|--|---------|--|
|   |   |   |     |                   |          |   |   |   | opyrigł              | pen-202  |         |  |
| 23. Dobscha SJ et al.,<br>2004. USA phy-35  | Y | N | Y   | Y                 | Y        | N | N | Y | incl                 | J-058  | Exclude | No theme of<br>emotional<br>impact.  |
| 24. Galusko et al.,<br>2015, Germany 19<br>specialized palliative<br>care physicians. | Y | Y | Y   | Y                 | Y        | N | N | Y | y<br>Y               | ar<br>523_on 15 Juffy 2022. Downloaded fr<br><del>Enseignement Superiour</del> | Exclude | Desire to<br>hasten death<br>definition<br>ambiguous   |
| 25. Susanne Brauer et<br>al., 2015. Switzerland,<br>12 physicians                     | Y | Y | Y   | Y                 | Y        | N | N | N | ses relate           | Enseigne   | Exclude | Opinions<br>known, but<br>no emotiona<br>ipact theme   |
| 26. Linda (b) Oregon<br>phy-35  | N | Y | YOL | Y                 | Y        | N | N | Y | Y to te              | Downl  | Exclude | Physician<br>opinion of<br>patients req  |
| 27. Deborah-texas<br>nurses-36  | N | Y | N   | Ŏ <sub>ee</sub> , | Ŷ        | N | N | Y | ata m                |  | Exclude | No of the<br>nurses<br>participated<br>in assisted<br>suicide in<br>any way                    |
| 28. D Van Rooyan,<br>Dutch nurses-7   | N | N | Ŷ   | Y                 | Y        | N | N | Y | ining, Al training,  | S) ·   | Exclude | More with<br>withdrawal o<br>treatment<br>does not<br>meet criteria                            |
| 29. vanderspank<br>canada Nurses  | N | N | Y   | Y                 | Y        | N | N | Y | ining, and simila    | ∿bmj   | Exclude | SR on nurses<br>experience<br>with<br>withdrawal of<br>treatment-<br>does not<br>meet criteria |
| 30. Joanne Wolfe USA<br>324 Oncologists   | Y | N | N   | Y                 | Y        | N | N | Ν | r technologies.<br>Y | ııpe 11, 2025 at Agen⊊e  | Exclude | Telephone<br>based survey<br>interviews.   |
| 31. Booij et al., 2012<br>Netherlands 15<br>physicians                                | Y | N | Y   | Y                 | Y        | N | N | N | Y                    |  | Exclude | No particular<br>description o<br>emotional<br>impact  |
| 32. Denier et al., 2010<br>Belgium 18 Nurses  | Y | Ν | Y   | Y                 | Y        | N | N | Y | Y                    | Bibliographique de l   | Exclude | More about<br>communicati  |

## BMJ Open

| Page 41                                      | 1 of 69   |   |   |                 |                    | BMJ Open       |              |           |          | cted by c                              | 136/bmjopen-2021-058523                                 |         |  |
|--|---|---|---|-----------------|--------------------|----------------|--------------|-----------|----------|--|---|---------|--|
| 1<br>2                                       |   |   |   |                 |                    |                |              |           |          | opyright                               | pen-202   |         |  |
| 3<br>4<br>5<br>6<br>7<br>8                   |   |   |   |                 |                    |                |              |           |          | cted by copyright, including for u     | on 15 .   |         | on and<br>communicati<br>on attitudes<br>and not<br>about<br>emotional<br>impact                               |
| 9<br>10<br>11<br>12<br>13                    | 33. Bernadette Dierckx<br>2010 Belgium 18<br>nurses             | Ŷ | N | Y               | Y                  | Y              | N            | N         | Y        | ress related to<br>≻                   | July 2022. Dov<br>Ensolutionmen                         | Exclude | Stage of<br>carrying out a<br>request, no<br>emotional<br>impact<br>described.                                 |
| 14<br>15<br>16<br>17<br>18                   | 34. sercu et al. 2012   | Y | N | Y               | Y                  | Y              | N            | N         | Y        | > text and data                        | July 2022. Dowploaded from<br>Enseignement Superiour (A | Exclude | Palliative<br>sedation and<br>euthanasia-<br>boundry lines<br>unclear in the<br>paper.                         |
| 19<br>20<br>21<br>22<br>23<br>24             | 35. Volker 2007 USA.<br>19 oncology advanced<br>practice nurses | Y | N | Y               | Y                  | N              | N            | N         | Y        | mining,                                | n http://bmjopen.l                                      | Exclude | No<br>engagement<br>in assisted<br>death as<br>illegal in the<br>place of<br>practice.                         |
| 24<br>25<br>26<br>27<br>28<br>29<br>30<br>31 | 36. Thulesius et al.<br>2013 Sweden                             | Ŷ | N | Y               | Y                  | N              | N            | Ŷ         | N        | Al training, and similar technologies. | lymj.com/ on June 11                                    | Exclude | No<br>engagement,<br>assisted<br>death is<br>illegal in<br>Sweden.<br>Majority data<br>from HCPs in<br>Sweden. |
| 32<br>33<br>34                               | 37. Marike E. de Boer<br>2011 Netherlands.                      | Y | N | Y               | Y                  | N              | N            | Y         | Y        | hologies.<br>>                         | <sub>≫</sub> 2025 at                                    | Exclude | Experiences,<br>but no<br>emotional<br>impact  |
| 35<br>36<br>37<br>38<br>39<br>40             | 38. Neel De Bal 2006<br>Belgium                                 | Y | N | Y               | Y                  | N              | Ν            | Y         | Y        | Y                                      | Agence Bibliographique de l                             | Exclude | Conducted at<br>a time when<br>Euthanasia<br>was still<br>illegal, hence<br>does not<br>meet                   |
| 41<br>42<br>43<br>44<br>45<br>46<br>47       |   |   |   | For peer reviev | v only - http://bn | njopen.bmj.com | /site/about/ | guideline | es.xhtml |  | aphique de l  |         |  |

|  |   |   |    |         | BMJ Open |   |   |   | a by cr                               | bmjop                  |         |   |
|--|---|---|----|---------|----------|---|---|---|---------------------------------------|------------------------|---------|---|
|  |   |   |    |         |          |   |   |   | crea by copyright, including to       | 136/bmjopen-2021-05    |         |   |
|  |   |   |    |         |          |   |   |   | н, In                                 | 21-05                  |         | inclusion criteria.   |
| 39. Bernadette 2006<br>Belgium   | Y | N | Y  | Y       | N        | N | Y | Y |                                       | 8523                   | Exclude | As above  |
| 40. Veerport et al<br>2006 USA   | Y | Ν | Y  | Y       | N        | N | Y | Y | Y PI DI                               | gn 1                   | Exclude | As above  |
| 41. Wright et al., 2017<br>Canada  | Y | N | Y  | Y       | N        | N | Y | Y | r uses reia                           | 5,July 2022<br>Enseign | Exclude | Data<br>collected<br>2012-202<br>when MA<br>illegal.  |
| 42. Curry et al., 2000<br>USA, Connecticut 909<br>physicians.                  | Y | N | ř0 | Y<br>Do | N        | N | N | N | to text and o                         | wnloaded fr            | Exclude | Assisted<br>suicide ill<br>Plus<br>experien<br>and no<br>emotiona<br>impact                       |
| 43. Susan Price 2001<br>USA, 11 nurses and 10<br>physicians. North<br>Carolina | Y | N | Y  | Y       | N        | N | Y | Y | a mining,                             | n http://b<br>ABES)    | Exclude | Assisted<br>suicide ill<br>in North<br>Carolina,<br>hence do<br>not meet<br>inclusion<br>criteria |
| 44. France Norwood<br>2009 Netherlands   | Y | N | Y  | Y       | N        | Z | Y | Y | rng, and sin                          | omj.com/ or            | Exclude | No emoti<br>impact.<br>Evaluates<br>absence<br>abuse  |
| 45. Smith et al., 2013<br>USA, South Mississippi                               | Y | N | Y  | Y       | N        | N | Y | Y | A training, and similar technologies. |                        | Exclude | Assisted<br>death ille<br>in mississ<br>and henc<br>does not<br>meet<br>inclusion<br>criteria     |
| 46. Beuthin et al.,<br>2020 Canada 8<br>physicians.                            | Y | Y | Y  | Y       | N        | N | Y | Y | Y                                     | Agence                 | include |   |
| 47. Khosnood et al.,<br>2018 19 physicians,<br>Canada                          | Y | Y | Y  | Y       | N        | N | Y | Y | Y                                     | Bibliographique de l   | Include |   |

| Page 4               | 3 of 69  |                |                  |                            |                            | BMJ Ope                                 | n                           |              |            |          | 136/bmjopen-202 <u>1</u> -058523 on 1<br>cted by copyright, including fo |                    |               |
|----------------------|--|----------------|------------------|----------------------------|----------------------------|---|-----------------------------|--------------|------------|----------|--|--------------------|---------------|
| 1<br>2               |  |                |                  |                            |                            |   |                             |              |            |          | open-20<br>copyrigl  |                    |               |
| 3<br>4<br>5          | 48. Pesut et al., 2020<br>59 RN and NPs,<br>Canada   | Y              | Y                | Y                          | Y                          | N                                       | Y                           | Y            | Y          | Y        | 21 <u>-</u> 0585<br>ht, inclu  | include            |               |
| 6<br>7               | 49. Keri-Lyn Durant<br>and Katherine kortes<br>Miller 2020 Canada                                    | Y              | Y                | Y                          | Y                          | N                                       | Y                           | Y            | Y          | Y        | 2,3 on 1<br>ding fo  | Include            |               |
| 8<br>9<br>10         | 50. Snijdewind et al.,<br>2016 Netherlands 28<br>physicians  | Y              | Y                | Y                          | Y                          | Ν                                       | N                           | Y            | Y          | Y        | 15,July (<br>Ense  | include            |               |
| 11<br>12<br>13<br>14 | 51. Mathews et al.,<br>2021. Canada<br>23 palliative care<br>providers (13<br>physicians, 10 nurses) | Y              | У                | Y                          | У                          | N                                       | N                           | Y            | Y          | Y        | 2022. Downl<br><del>eignoment S</del><br>related to te                   | include            |               |
| 15<br>16             | physicians, 10 nurses)   | 1              |                  |                            | $b_{-}$                    | I                                       | I                           |              |            |          | oaded<br>uperic<br>xt and  | <b> </b>           |               |
| 17<br>18<br>19       |  |                |                  |                            |                            | otal Included stud                      |                             | COBUS        |            |          | fron<br>ur (A<br>data  |                    |               |
| 20<br>21             | <u>Cr</u>  | itical Apprais | sal tool: The Jo | oanna Briggs Instit        | tute Critical appr         | aisal tools for use                     | in Systematic re            | eviews: che  | cklist for | Qualitat | miningerregearc  | h Available from   | <u>m:</u>     |
| 22<br>23             |  |                |                  | <u>h</u>                   | ittp://joannabrig          | ggs.org/research/o<br>methodological gu | ritical-appraisal           | l-tools.htm  | L          |          | mjope<br>Al trai   |                    |               |
| 24<br>25             | Discussion: L  | ockwood C, I   | Munn Z, Porriti  | t K. Qualitative res       | earch synthesis:           | methodological gi<br>2015;13(3):17      | uidance for syste<br>9–187. | ematic revie | wers utili | zing met | ຼັຍ<br>ອຸ  | ion. Int J Evid Ba | ased Healthc. |
| 26<br>27             |  |                |                  |                            |                            |   |                             |              |            |          | <u> </u>   |                    |               |
| 28<br>29             | Grey Litera  | iture datab    | ases (Decer      | nber 10 <sup>th</sup> 2018 | to March 1 <sup>st</sup> , | 2019, updated                           | August 2020                 | )            |            |          | √ on June 11, 2025 at<br>similar technologies.                           |                    |               |
| 30<br>31<br>32       | Total # Rec  | ords after     | de-duplicat      | ion: 13. Recorc            | ls selected aft            | er applying crit                        | ical appraisal              | tool 8.      |            |          | ie 11, :<br>iechno   |                    |               |
| 33<br>34             |  |                |                  |                            |                            |   |                             |              |            |          | 2025 a   |                    |               |
| 35<br>36             |  |                |                  |                            |                            |   |                             |              |            |          | at Agence Bibliographique de l<br>୬s.                                    |                    |               |
| 37                   |  |                |                  |                            |                            |   |                             |              |            |          | nce E  |                    |               |
| 38<br>39             |  |                |                  |                            |                            |   |                             |              |            |          | Biblio   |                    |               |
| 40<br>41             |  |                |                  |                            |                            |   |                             |              |            |          | graph  |                    |               |
| 42<br>43             |  |                |                  |                            |                            |   |                             |              |            |          | ique   |                    |               |
| 44<br>45             |  |                |                  | For peer re                | view only - htt            | p://bmjopen.bm                          | j.com/site/abc              | out/guidel   | ines.xhtr  | nl       | de I   |                    |               |
| 46<br>47             |  |                |                  |                            |                            |   |                             |              |            |          |  |                    |               |

**BMJ** Open

cted by copyright, including for 136/bmjopen-2021-058523 on 15

| Database                               | Search strategy   | #records      | # new record ភ្លើ តិ ក្នុ e ted after applying   |
|--|---|---------------|--|
|  |   | screened      | after de-duple at and applying critica   |
|  |   |               | appraisal too  |
| Google scholar                         | With the exact phrase: "Medical assistance in dying"                | 400           | 5 to the total   |
|  | ; "physician assisted suicide"; With all the words:                 |               | tex tex  |
|  | "emotional impact on health care providers involved                 |               | t ar   |
|  | in medical assistance in dying"                                     |               | ind c  |
| Des Lebris/Canadian                    | Medical assistance in dying   | 5             | 0 data m   |
| Electronic Library                     |   |               |  |
| Canadian Institute of Health           | Medical assistance in dying   | 7             | 0<br>0<br>0  |
| nformation (CIHI)                      |   |               | ig, · br   |
|  |   |               | Ali  |
|  |   |               | njopen.k<br>Al traini  |
| OAlstandatabasa (includes              | Madical Assistance in duing Dhusisian assisted                      | 200           |  |
| OAIster database (includes<br>WordCAT) | Medical Assistance in dying, Physician assisted suicide as key word | 206           | 2 ự, <u>n</u> .<br>an  |
| 1                                      |   | 0             |  |
| OpenGrey                               | Medical assistance in dying, Physician Assisted                     | 4             | 0 I similar  |
|  | suicide as key word   | 670           |  |
| BASE (Bielefeld Academic               | Subject Heading search: "Medical Assistance in                      | 670           | 1 ar tech  |
| Search Engine)                         | dying"  |               | <u> </u>   |
| elected records:                       |   |               | , 20   |
| oogle scholar included Results:        |   |               | nologies   |
| obgle scholar meldded Nesults.         |   |               | at ,   |
| 1. Beuthin R. Cultivating Co           | mpassion: The Practice Experience of a Medical Assistance in I      | Oving Coordir | nator in Canada <i>Oudetative Health Research</i>  |
| -                                      | doi: <u>10.1177/1049732318788850</u>                                | - ,           | nc control con |
| 2010,20(11).1075 1051.                 | 10. <u>10.1177/1015752510700050</u>                                 |               | α<br>  |
| 2. Bouthillier M-E, Opatrny            | L. A qualitative study of physicians' conscientious objections to   | o medical aid | in dying. Palliative Bedicine. 2019;33(9):1212   |
| 1220. doi:10.1177/02692                |   |               | 0  |
|  |   |               |  |
|  |   |               | graphique  |
|  |   |               | ue   |
|  | For peer review only - http://bmjopen.bmj.com/site/a                |               |  |
|  |   |               |  |

| Page 45 of 69  |         | BMJ Open by cop   |
|--|---------|---|
| 1<br>2   |         | BMJ Open cted by copyrigh   |
| 3<br>4<br>5  | 3.      | Bruce A, Beuthin R. Medically Assisted Dying in Canada: "Beautiful Death" Is Transforming Nurses' Experiences of Suffering. Canadian Journal of Nursing Research. June 2019. doi:10.1177/0844562119856234   |
| 6<br>7<br>8<br>9   | 4.      | Alison A. Townsley. Putting a Bow on Death and Dying-Health Care Professionals' Experiences with Medical Assistance in Dying (MAiD): A Foucauldian<br>Discourse Analysis with Agambian Insights. [Practice Based Research Paper on the Internet]. York University School of Social Work; 2018. [Cited<br>February 28,2019] Available from:<br>https://yorkspace.library.yorku.ca/xmlui/bitstream/handle/10315/35613/Alison Townsley PRP 2018.pdf?sequence as Social Content of the Internet of the Inte |
| 10<br>11<br>12<br>13<br>14   | 5.      | Gamondi C, Borasio GD, Oliver P, Preston N, Payne S. Responses to assisted suicide requests: an interview study with Sales palliative care physicians.<br>BMJ Support Palliat Care. 2019 Mar;9(1):e7. doi: 10.1136/bmjspcare-2016-001291. Epub 2017 Aug 11. Available from a study with Sales palliative care physicians.   |
| 15<br>16<br>17   | OAlster | included Results:   |
| 18<br>19<br>20   | 1.      | Implementing Medical Aid-in-Dying in Vermont: a Qualitative Study. J GEN INTERN MED 34, 636–641 (2019). https://ocitienergian.com/s11606-018-<br>4811-1   |
| 21<br>22<br>23<br>24   | 2.      | Allyson Oliphant. "If Not Me, Then Who?" The Narratives of Medical Aid in Dying (MAiD) Providers and Supporters Acousd Their Professional Identity<br>and Role in MAiD [Thesis on the Internet]. MacMaster University; 2017. [Cited on February 10, 2019]. Available from the Internet<br>http://hdl.handle.net/11375/22146   |
| 25<br>26<br>27   |         | cluded results:   |
| 28<br>29<br>30<br>31<br>32<br>33<br>34<br>35<br>36<br>37<br>38<br>39<br>40<br>41<br>42<br>43 | 1.      | Sheridan, Laura, "When Patients Ask to Die: The Role of Nurses in Medical Assistance in Dying" (2017). Electronic The sist of Dissertation Repository. 5041. https://ir.lib.uwo.ca/etd/5041   |
| 44<br>45<br>46<br>47   |         | For peer review only - http://bmjopen.bmj.com/site/about/guidelines.xhtml   |

|--|

| Study                             | Number and<br>country of origin<br>of participants                           | Description of<br>participants   | Extent of<br>engagement in the<br>MAiD process | Method of<br>interview  | Method of<br>analysis  | Emotional theme<br>explored   |
|-----------------------------------|--|--|--|---|--|---|
| 1.<br>Voorhees<br>et al.,<br>2014 | 23 physicians, 18<br>from USA (5 from<br>Oregon), and 18<br>from Netherlands | @40% from<br>primary care,<br>majority >40<br>years  | Physician assisted<br>dying discussions.       | 40-70 min,<br>one-one<br>semi<br>structured<br>interviews   | Modified 5-step<br>framework-<br>familiarization,<br>identifying a<br>theme, indexing,<br>charting, mapping<br>and<br>interpretation.  | Themes related to<br>reflective<br>emotions and<br>sense of growth<br>along with theme<br>emotional labor<br>and conscientious<br>based emotions. |
| 2.<br>Marwijk<br>et<br>al.,2007   | 22 primary care<br>physicians,<br>Netherlands                                | Variable range of<br>experience, 5<br>PCPs participated<br>in the Support<br>and Consultation<br>Regarding<br>Euthanasia<br>(SCRN)   | Discussing and<br>performing assisted<br>death | 4 focused<br>groups,<br>homogeniz<br>ed as per<br>age and<br>gender.  | Content analysis<br>within a coding<br>frame of three<br>themes of (1)<br>emotional<br>experience; (2)<br>coping (dealing<br>with and<br>managing the<br>event) and (3)<br>role of the<br>physician. | Themes related to<br>reflective<br>emotions and<br>sense of growth<br>along with theme<br>emotional labor<br>and conscientious<br>based emotions. |
| 3. Denier<br>et al.,<br>2010      | 18 nurses from 5<br>provinces of<br>Flanders, Belgium                        | Registered nurses<br>(13 women, 5<br>men) of geriatric,<br>oncology, internal<br>medicine, and<br>palliative care. All<br>had positive<br>attitude, except<br>one who was<br>conscientiously<br>objecting. | Discussing and<br>performing assisted<br>death | 1.5h in-<br>depth<br>interviews,<br>think back<br>to a<br>specific,<br>recent case<br>of caring for<br>a patient<br>requesting<br>euthanasia<br>and to<br>recount the<br>way in<br>which they<br>experience<br>d this | Grounded theory<br>design  | Themes related to<br>role-assigned<br>emotions along<br>with themes of<br>emotional labor.  |

| 3<br>4   |   |  |  |  |                        |  |   |  |
|--|---|--|--|--|------------------------|--|---|--|
| 5  |   |  |  |  | process as a<br>whole  |  |   |  |
| 6<br>7<br>8<br>9<br>10<br>11<br>12<br>13<br>14   | 4. Norton<br>et al.,<br>2012                            | 9 social worker<br>hospice<br>practitioners in<br>Oregon, USA. | Represent several<br>health systems in<br>Oregon   | involved in<br>discussions with<br>family of those<br>participating in<br>assisted death ('add<br>on') and 'context<br>interpreters' | Focused<br>group       | Thematic analysis  | Themes related to<br>role-assigned<br>emotions (for<br>example advocacy<br>and feeling of<br>being a 'gate-<br>keeper')                             | Protected by   |
| 15<br>16<br>17<br>18<br>19<br>20<br>21<br>22<br>23   | 5.<br>Georges<br>et al,<br>2008                         | 30 general<br>physicians in<br>Netherlands.                    | 71% male, 29%<br>female, 46% had<br>restrictive and<br>14% had<br>permissive<br>attitudes towards<br>euthanasia.   | 89% had received<br>explicit requests<br>and were involved<br>in discussions, and<br>64% had<br>participated in EAS                  | In-depth<br>interviews | Constant<br>comparative<br>method of<br>analysis   | Emotional theme<br>of reflective<br>emotions<br>(example, feeling<br>of sense of<br>growth)   | Protected by copyright, including for us   |
| 24<br>25<br>26<br>27<br>28<br>29<br>30<br>31<br>32<br>33<br>34<br>35<br>36<br>37<br>38<br>39   | 6.Snijde<br>wind et<br>al., 2014                        | 28 General<br>Physicians in<br>Netherlands                     | Physicians who<br>had received a<br>request from<br>someone<br>suffering from<br>dementia or a<br>psychiatric illness,<br>or who was "tired<br>of living," as<br>these are cases<br>that are often<br>regarded as<br>complex.  | Involved in decision<br>making of assisted<br>death for respective<br>patients.  | In-depth<br>interviews | Open coding and<br>inductive analysis  | Emotional theme<br>of reflective<br>emotions<br>(example,<br>reflecting on<br>individual meaning<br>of suffering)                                   | Enseignement Superieur (ABES) .<br>uses related to text and data mining, AI training   |
| 41<br>42<br>43<br>44<br>45<br>46<br>47<br>48<br>49<br>50<br>51<br>52<br>53<br>54<br>55<br>56   | 7. Katja<br>ten Cate<br>et al.,<br>2017                 | 15 General<br>Practitioners in<br>Netherlands                  | 8 GPs with liberal<br>attitude, 5 with<br>conservative<br>attitude and 2<br>with neutral<br>attitude towards<br>assisted death.<br>Mean age 51.2<br>years.   | 1-2/>2 assisted<br>deaths performed.   | In-depth<br>interviews | several phases of<br>coding (axial and<br>selective coding);<br>codes were<br>refined, sub<br>codes and<br>overarching codes<br>were assigned<br>and relationships<br>between codes<br>were explored.<br>Interviews were<br>also analysed as a<br>whole, to look for | Emotional theme<br>of reflective<br>emotions<br>(example,<br>reflecting on<br>feelings of what is<br>happening during<br>the last stage of<br>life) | ning, and similar technologies.  |
| 26         22       23         33       33         33       33         34       55         35       33         36       33         37       33         38       34         39       34         39       34         30       33         31       33         32       34         33       34         34       34         35       35         36       36         37       36         38       36         39       34         39       34         30       35         31       36         32       36         33       36         34       44         36       57         37       36         38       37         39       37         39       37         39       37         39       37         39       37         39       37         39       37 <t< td=""><td>wind et<br/>al., 2014<br/>7. Katja<br/>ten Cate<br/>et al.,</td><td>Netherlands<br/>15 General<br/>Practitioners in</td><td><ul> <li>had received a<br/>request from<br/>someone</li> <li>suffering from<br/>dementia or a<br/>psychiatric illness,<br/>or who was "tired<br/>of living," as<br/>these are cases<br/>that are often<br/>regarded as<br/>complex.</li> <li>8 GPs with liberal<br/>attitude, 5 with<br/>conservative<br/>attitude and 2<br/>with neutral<br/>attitude towards<br/>assisted death.<br/>Mean age 51.2</li> </ul></td><td>making of assisted<br/>death for respective<br/>patients.<br/>1-2/&gt;2 assisted</td><td>interviews<br/>In-depth</td><td>inductive analysis<br/>several phases of<br/>coding (axial and<br/>selective coding);<br/>codes were<br/>refined, sub<br/>codes and<br/>overarching codes<br/>were assigned<br/>and relationships<br/>between codes<br/>were explored.<br/>Interviews were<br/>also analysed as a</td><td>S</td><td>emotions<br/>(example,<br/>reflecting on<br/>individual meaning<br/>of suffering)<br/>Emotional theme<br/>of reflective<br/>emotions<br/>(example,<br/>reflecting on<br/>feelings of what is<br/>happening during<br/>the last stage of<br/>life)</td></t<> | wind et<br>al., 2014<br>7. Katja<br>ten Cate<br>et al., | Netherlands<br>15 General<br>Practitioners in                  | <ul> <li>had received a<br/>request from<br/>someone</li> <li>suffering from<br/>dementia or a<br/>psychiatric illness,<br/>or who was "tired<br/>of living," as<br/>these are cases<br/>that are often<br/>regarded as<br/>complex.</li> <li>8 GPs with liberal<br/>attitude, 5 with<br/>conservative<br/>attitude and 2<br/>with neutral<br/>attitude towards<br/>assisted death.<br/>Mean age 51.2</li> </ul> | making of assisted<br>death for respective<br>patients.<br>1-2/>2 assisted   | interviews<br>In-depth | inductive analysis<br>several phases of<br>coding (axial and<br>selective coding);<br>codes were<br>refined, sub<br>codes and<br>overarching codes<br>were assigned<br>and relationships<br>between codes<br>were explored.<br>Interviews were<br>also analysed as a | S   | emotions<br>(example,<br>reflecting on<br>individual meaning<br>of suffering)<br>Emotional theme<br>of reflective<br>emotions<br>(example,<br>reflecting on<br>feelings of what is<br>happening during<br>the last stage of<br>life) |

For peer review only - http://bmjopen.bmj.com/site/about/guidelines.xhtml

| Page 48 d | of 69 |
|-----------|-------|
|-----------|-------|

|  |   |  |  |   | patterns and inconsistencies in reasoning.  |   |
|--|---|--|--|---|---|---|
| 8.<br>Donald G<br>Van Tol<br>et al.,<br>2012 | 15 physicians in<br>Netherlands         | Fourteen of them<br>were general<br>practitioners.<br>Seven of them<br>were also active<br>as a consulting<br>doctor, one was a<br>nursing home<br>doctor who was<br>also working as a<br>consulting doctor. | Physicians were<br>consulting doctors<br>of Euthanasia and<br>have successfully<br>completed a formal<br>training program.   | In-depth<br>semi-<br>structured<br>interviews | Grounded theory<br>approach by<br>Glaser and<br>Strauss and<br>Glaser                                       | Emotional theme<br>of reflective<br>emotions<br>(example 'imagine<br>self', cognitive<br>reflection)                    |
| 9.<br>Melchor<br>Lorraine<br>2018            | 8 social workers<br>in California, USA. | 75% female with<br>60% having an<br>average 5 years of<br>experience in<br>hospice care.   | assist patients and<br>family with the<br>death and dying<br>process, may<br>connect them to<br>additional<br>community<br>resources, and offer<br>counseling to<br>improve and<br>maintain emotional,<br>psychological,<br>social, and<br>physical well-being | In-depth<br>semi-<br>structured<br>interviews | Open coding,<br>axial coding,<br>selective coding,<br>and conditional<br>matrix stages of<br>data analysis. | Emotional theme<br>of role-assigned<br>emotions<br>(example, feeling<br>of pro-self-<br>determination and<br>advocacy). |
| 10. Miller<br>et al.,<br>2002                | 8 social workers<br>in Oregon, USA      | 2 men, 6 women,<br>age range of 27-<br>64, 3-22 years'<br>experience in<br>hospice care  | Active engagement<br>in end-of-life care<br>and assisted suicide<br>discussions.   | interviews                                    | Ethnographic<br>study and<br>constant<br>comparative<br>method of<br>analysis                               | Emotional theme<br>of role-assigned<br>emotions<br>(example advocacy<br>and self-<br>determination)                     |
| 11.<br>Beuthin<br>et al.,<br>2018            | 17 Nurses in<br>Canada                  | NPs, RNs, and<br>LPNs, from urban<br>and rural areas<br>across Vancouver<br>Island, British<br>Columbia,<br>working across   | 15 nurses had direct<br>experience with<br>MAiD, 7 were<br>involved in some<br>aspect of assisted<br>death in the<br>patient's journey<br>(e.g., providing   | In-depth<br>semi<br>structured<br>interviews  | Descriptive<br>narrative enquiry<br>and thematic<br>analysis  | Emotional theme<br>of reflective<br>emotions<br>(example, a sense-<br>making process)                                   |

|  |   | settings including<br>acute care,<br>residential care,<br>primary care<br>clinics, and<br>community and<br>palliative care.                             | information, acting<br>as witness to the<br>medical assessment,<br>providing care<br>before or after, etc.)   |   |   |  |
|--|---|---|---|---|---|--|
| 12. Bolt<br>et al.,<br>2016  | 8 pediatricians in<br>Netherlands   | 8 pediatricians<br>who were<br>interviewed were<br>5 men and 3<br>women, aged 44–<br>62y, working in<br>four academic<br>and three general<br>hospitals | 25% had received<br>an explicit request<br>for Physician-<br>assisted death, with<br>7% in the last two<br>years, and the<br>requests were<br>mostly made by<br>parents (25%) and<br>sometimes by<br>patients (6%)  | Semi-<br>structured<br>interviews                                 | Qualitative<br>Analysis Guide of<br>Leuven method<br>was used for the<br>analysis. Mixed<br>method<br>approach. | Emotional theme<br>of role-assigned<br>emotions<br>(example, feeling<br>of duty)                       |
| 13.<br>Dolares<br>Angela<br>Castelli<br>Dransart<br>et al.,<br>2017. | 1 physician, 8<br>directors of<br>sociomedical<br>institutions or<br>organizations, 10<br>head nurses, 8<br>nurses, 10 nursing<br>assistants or care<br>assistants, and 3<br>sociocultural<br>animators,<br>Switzerland<br>confronted with<br>assisted suicide<br>requests. | 27 men, 13<br>women, mean<br>age 52y.   | 14 had been faced<br>with suicide or<br>assisted suicide in<br>their personal life,<br>beside the situation<br>of assisted suicide<br>at work. None of<br>the respondents<br>interviewed had<br>physically provided<br>the lethal substance<br>to perform the<br>assisted suicide (a<br>task assigned to<br>Right to Die<br>associations), nor<br>were they directly<br>involved in the<br>decision-making<br>process that<br>enabled the assisted<br>suicide to take place<br>(except for one<br>physician). In fact,<br>the vast majority of<br>these professionals | Semi-<br>directive<br>interviews<br>conducted<br>at<br>workplace. | Grounded theory<br>using 3 types of<br>coding-open, axial<br>and selective.                                     | Emotional theme<br>of role assigned<br>emotions<br>(example, feeling<br>of professional<br>compromise) |

| eme<br>I<br>st in<br>ient  |  | ling<br>al   |
|--|--|--|
|  | Emotional them<br>of reflective<br>emotions<br>(example,<br>relational and<br>feeling of trust in<br>physician-patien<br>relationship)   | Emotional them<br>role-assigned<br>emotions<br>(example, feelin<br>of professional<br>failure,<br>professional<br>dilemmas and<br>inner debate).   |
|  | Thematic analysis  | Thematic analysis  |
|  | In-depth<br>interviews<br>with<br>patients<br>who had<br>explicitly<br>requested<br>assisted<br>death, their<br>most<br>involved<br>relatives<br>and their<br>treating<br>physicians | Semi-<br>structured,<br>In-depth<br>interviews.  |
| (except for two)<br>declared that not<br>only did they<br>appreciate the fact<br>that Right to Die<br>associations<br>assumed the task of<br>delivering the lethal<br>substance and<br>physically assisting<br>the requestor, but<br>they also did not<br>want to be led to do<br>it themselves in the<br>future | once in 3-5 years'<br>experience with<br>assisted death.   | The 20 hospice<br>social<br>workers/nurses<br>described 33<br>different cases of<br>terminally ill<br>patients who had<br>requested them to<br>hasten death<br>through physician<br>assisted suicide (n =<br>22) |
| < 0, <   | 20 males, 8<br>females, 22 GPs, 1<br>elderly care 2 GP<br>trainees and 1<br>psychiatry   |  |
|  | 28 physicians in<br>Netherlands  | 20 hospice social<br>workers and<br>nurses in Oregon,<br>USA.  |
|  | 14.<br>Mariann<br>e Dees et<br>al., 2012   | 15.<br>Harvath<br>et al.,<br>2006  |

59

60

| 16. I        | na    | 20 General         | GPs who had                   | Receive 1-3                     | In-depth                       | Thematic analysis | Emotional theme    |
|--------------|-------|--------------------|-------------------------------|---------------------------------|--------------------------------|-------------------|--------------------|
| Otte         |       | practitioners      | chosen to refuse              | requests of                     | semi-                          |                   | of basic emotions  |
| al., 2       | 2016  | (GPs) in           | to assist a                   | physician assisted              | structured                     |                   | with conscience-   |
|              |       | Switzerland., 3    | patient's suicide             | suicide per year.               | interviews.                    |                   | based              |
|              |       | declined to        | comprise the                  | 2/3 <sup>rd</sup> of the GPs    |                                |                   | avoidance/rejectio |
|              |       | participate due to | largest group in              | interviewed had                 |                                |                   | n of MAiD          |
|              |       | personal           | the study and                 | chosen to refuse                |                                |                   | (example, feeling  |
|              |       | discomfort with    | provided the                  | to assist a patient's           |                                |                   | of moral distress) |
|              |       | assisted death.    | most insights.                | suicide comprised               |                                |                   |                    |
|              |       |                    |                               | the largest group in            |                                |                   |                    |
|              |       |                    |                               | the study and                   |                                |                   |                    |
|              |       |                    |                               | the study and provided the most |                                |                   |                    |
|              |       |                    |                               | insight into their              |                                |                   |                    |
|              |       |                    |                               | handling                        |                                |                   |                    |
|              |       |                    |                               | nananng                         |                                |                   |                    |
|              |       |                    |                               | of requests for PAS.            |                                |                   |                    |
| 17. A        |       | 20 nurses in       | According to                  | Engagement as per               | In-depth                       | Thematic analysis | Emotional theme    |
| van (        |       | Netherlands        | different phases              | different phases of             | semi-                          |                   | of role-assigned   |
| Sche         |       |                    | of Euthanasia:                | Euthanasia                      | structured                     |                   | emotions           |
| and .        |       |                    | Observation of a              |                                 | interviews.                    |                   | (example, feeling  |
| van o        |       |                    | request for<br>euthanasia: 17 |                                 |                                |                   | of moral distress) |
| Aren<br>1998 |       |                    | nurses. 2)                    |                                 | •                              |                   |                    |
| 1990         | 0     |                    | Decision making:              |                                 |                                |                   |                    |
|              |       |                    | 14 nurses. 3)                 | i C                             | $\mathbf{\nabla}_{\mathbf{z}}$ |                   |                    |
|              |       |                    | Carrying out of               |                                 |                                |                   |                    |
|              |       |                    | euthanasia: 12                |                                 |                                |                   |                    |
|              |       |                    | nurses. 4)                    |                                 |                                |                   |                    |
|              |       |                    | Aftercare: 14                 |                                 |                                | e                 |                    |
|              |       |                    | nurses                        |                                 |                                |                   |                    |
| 18.          |       | 18 university      | Participants                  | majority of the                 | In-depth                       | Inductive         | Emotional theme    |
| 18.<br>Emn   | nanıı | affiliated         | positioned                    | palliative care                 | semi-                          | methodology of    | of role-assigned   |
| elle         | unu   | palliative care    | themselves                    | physicians on staff             | structured                     | Interpretive      | emotions           |
| Béla         | naer  | physicians in      | opposite                      | at the palliative care          | interviews.                    | description.      | (example,          |
| et al        | -     | Quebec, Canada     | euthanasia                    | units of two public             |                                |                   | professional       |
| 2018         |       |                    |                               | hospitals located in            |                                |                   | dilemmas and       |
|              |       |                    |                               | an urban area of                |                                |                   | conflicting values |
|              |       |                    |                               | Quebec. All                     |                                |                   | with palliative    |
|              |       |                    |                               | participants were               |                                |                   | care)              |
|              |       |                    |                               | full-time palliative            |                                |                   |                    |
|              |       |                    |                               | care physicians, and            |                                |                   |                    |
|              |       |                    |                               | like most palliative            |                                |                   |                    |
|              |       |                    |                               | care providers in               |                                |                   |                    |

BMJ Open: first published as 10.1136/bmjopen-2021-058523 on 15 July 2022. Downloaded from http://bmjopen.bmj.com/ on June 11, 2025 at Agence Bibliographique de l Enseignement Superieur (ABES) .

For peer review only - http://bmjopen.bmj.com/site/about/guidelines.xhtml

| Page 52 d | of 69 |
|-----------|-------|
|-----------|-------|

|  |   | 0  | Canada, the<br>majority of them<br>(16 out of 18) were<br>family physicians. As<br>expected, all<br>participants<br>expressed<br>discomfort with<br>euthanasia as an<br>aspect of end-of-life<br>care. All but one<br>denied the influence<br>of religious or<br>political positions in<br>shaping their views. |   |  |  |
|--|---|--|---|---|--|--|
| 19.<br>Jessica<br>Shaw et<br>al., 2018 | Eight physicians<br>who offered<br>MAID in British<br>Columbia in 2016,<br>Canada                   | 3 were from<br>greater<br>Vancouver, 3<br>were from<br>Victoria, and 2<br>worked in a small<br>community on<br>Vancouver Island.<br>Seven were family<br>doctors and 1 was<br>a general<br>internist. Their<br>ages ranged from<br>37 to 64 years.<br>There were 2 men<br>and 6 women; 6<br>worked full-time<br>and 2 worked<br>part-time. | Collectively, by the<br>end of December<br>2016, the 8<br>physicians in this<br>study had assessed<br>332 people who<br>were seeking MAID<br>and had completed<br>135 assisted deaths   | In-depth<br>semi<br>structured<br>interview<br>via phone<br>call/email    | Qualitative<br>thematic analysis   | Emotional theme<br>of basic emotions,<br>especially positive<br>emotions<br>(example, sense of<br>fulfilment)            |
| 20.<br>Judith<br>Schwarz,<br>2004      | 10 nurses who<br>worked in home<br>hospice, critical<br>care, and<br>HIV/AIDS care<br>settings, USA | Four worked in<br>hospice home<br>care, three were<br>advance practice<br>nurses who<br>worked with<br>persons with<br>AIDS, two worked  | Nurses were eligible<br>to participate in this<br>study if they<br>believed that a<br>competent patient<br>had made a serious<br>request for their<br>help in dying.  | In-depth<br>interviews<br>done at<br>least twice<br>for 7<br>participants | van Manen's<br>approach to<br>phenomenology<br>phenomenologica<br>I interpretation<br>and analysis<br>(phenomenologic<br>al enquiry) | Emotional theme<br>of role-assigned<br>emotions<br>(example, feeling<br>of human-human<br>response and<br>connectedness) |

|            |                 | in critical care,                |                      |                          |                   |   |
|------------|-----------------|----------------------------------|----------------------|--------------------------|-------------------|---|
|            |                 | and one was a                    |                      |                          |                   |   |
|            |                 | clinical nurse                   |                      |                          |                   |   |
|            |                 | specialist in the                |                      |                          |                   |   |
|            |                 | care of patients                 |                      |                          |                   |   |
|            |                 | with spinal cord                 |                      |                          |                   |   |
|            |                 | injuries. Two of                 |                      |                          |                   |   |
|            |                 | the ten nurses<br>were male, all |                      |                          |                   |   |
|            |                 | were Caucasian,                  |                      |                          |                   |   |
|            |                 | middle-aged, well                |                      |                          |                   |   |
|            |                 | educated (three                  |                      |                          |                   |   |
|            |                 | PhDs; five                       |                      |                          |                   |   |
|            |                 | Masters of                       |                      |                          |                   |   |
|            |                 | Science in                       |                      |                          |                   |   |
|            |                 | Nursing), and                    |                      |                          |                   |   |
|            |                 | clinically                       |                      |                          |                   |   |
|            |                 | experienced (6–                  | $\mathbf{O}$         |                          |                   |   |
|            |                 | 35 years)                        |                      |                          |                   |   |
| ?1.        | 22              | 26 to 67 years                   | Physicians had       | Semi-                    | descriptive       | Emotional theme<br>of basic emotions<br>(for example<br>emotional labor,<br>burden and fear of<br>psychological |
| Marie-     | conscientiously | (mean: 45 years),                | received requests,   | structured               | thematic analysis | of basic emotions   |
| ve         | objecting       | 12 of them were                  | had discussions with | interviews.              |                   | (for example  |
| Bouthillie | physicians in   | male (54.5%). 14                 | patients regards to  | eight open-              |                   | emotional labor,  |
| and        | Quebec, Canada  | Family physicians,               | MAiD, and            | endedquest               |                   | burden and fear of  |
| ucie       |                 | 2 oncology and 1                 | conscientiously      | ions                     |                   | psychological   |
| Opatrny    |                 | each from                        | objected to          | Interviews               |                   |   |
| 2019       |                 | psychiatry,<br>neurology,        | participate.         | ranged in<br>length from |                   | repercussions   |
|            |                 | nephrology,                      |                      | 15 min to 1              |                   |   |
|            |                 | intensive care,                  |                      | h, with a                | •                 |   |
|            |                 | geriatrics and                   |                      | mean                     | 5                 |   |
|            |                 | pneumology. 14                   |                      | length of 24 <           |                   |   |
|            |                 | from catholic                    |                      | min                      |                   |   |
|            |                 | background.                      |                      | (median                  |                   |   |
|            |                 |                                  |                      | length = 21              |                   |   |
|            |                 |                                  |                      | min). think              |                   |   |
|            |                 |                                  |                      | back to                  |                   |   |
|            |                 |                                  |                      | their first              |                   |   |
|            |                 |                                  |                      | medical aid              |                   |   |
|            |                 |                                  |                      | in dying                 |                   |   |
|            |                 |                                  |                      | request (as              |                   |   |
|            |                 |                                  |                      | some<br>physicians       |                   |   |
|            |                 |                                  |                      | physicians<br>had        |                   |   |
|            |                 |                                  |                      | received                 |                   |   |
|            |                 |                                  |                      | received                 |                   |   |

BMJ Open

|   |   |  |  | more than<br>one<br>request)<br>and<br>describe<br>the reasons<br>which<br>motivated<br>their<br>refusal.                                    |  |   |
|---|---|--|--|--|--|---|
| 22.<br>Gamondi<br>et al.,<br>2017                       | 23 palliative care<br>physicians across<br>Switzerland  | 65% German, 30%<br>French and 5%<br>Italian speaking   | Regularly received<br>assisted suicide<br>requests. The<br>involvement of<br>Swiss physicians is<br>mostly confined to<br>the decision-making<br>phase; medical<br>certification of<br>diagnosis and<br>mental capacity. | Semi-<br>structured<br>interviews.   | thematic analysis                                    | Emotional theme<br>of role-assigned<br>emotions<br>(example<br>professional role-<br>related feeling of<br>ambiguity, fear of<br>being stigmatized<br>as physicians,<br>feeling of walking<br>a tight rope.)      |
| 23.<br>Rosanne<br>Beuthin,<br>2018                      | female, of Anglo-<br>European<br>ancestry, age mid-<br>fifties, living in an<br>urban center,<br>Canada | Doctorate in<br>nursing and was<br>employed as a<br>consultant under<br>an end-of-life<br>Program to enact<br>a new MAiD<br>program.               | daily journal entries<br>made over a 6<br>month period, from<br>the first day of<br>immersion in the<br>role and culture of<br>MAiD from late May<br>to October 2016   | Raw<br>autobiograp<br>hical text<br>held<br>scattered<br>floods of<br>ideas and<br>released<br>emotions<br>into a thick<br>created<br>Story. | autoethnographic<br>approach-<br>reflective analysis | Emotional theme<br>of reflective<br>emotions<br>(example, feeling<br>of embodiment,<br>compassionate<br>care and sense-<br>making reflective<br>emotions.<br>Exploring tensions<br>around language,<br>attitudes) |
| 24. Anne<br>Bruce<br>and<br>Rosanne<br>Beuthin,<br>2019 | 15 RNs/NPs/LPNs<br>from British<br>Columbia,<br>Canada.   | Participants<br>worked in diverse<br>settings including<br>acute care,<br>community-home<br>care, and<br>specialty areas<br>including<br>emergency | Eight nurses had<br>directly aided with<br>MAiD and cared for<br>the patient at home<br>or in a care setting.<br>Seven had been<br>involved indirectly<br>with patients such<br>as providing<br>assisted                 | Semi-<br>structured<br>interviews-<br>(1) tell me<br>about your<br>first<br>experience<br>of being<br>asked to<br>participate                | narrative inquiry<br>and thematic<br>analysis        | Emotional theme<br>of reflective<br>emotions<br>(example fear of<br>desensitization<br>with deeper<br>questioning) along<br>with complex<br>emotions of<br>"compassion  |

|                           |  | room and<br>palliative care.                    | dying information<br>upon request and<br>listening to patients<br>and families as they<br>explored pursuing<br>MAiD | in a<br>medically<br>assisted<br>death and<br>how you<br>came to the<br>decision to<br>participate<br>or not and<br>(2) tell me<br>about the<br>MAiD<br>experience<br>itself. What<br>was most<br>challenging<br>? |   | satisfaction" as<br>well as<br>compassion<br>fatigue                      |
|---------------------------|--|---|---|--|---|---|
| 25.<br>Alison<br>Townsley | seven nurses,<br>social workers,<br>and personal | Health care<br>professional<br>enrolled through | Engaged in<br>discussions and<br>assessments of   | one-on-<br>one, semi-<br>structured  | Foucauldian<br>Discourse<br>Analysis                                  | Emotional theme<br>of reflective<br>emotions                              |
| 2018                      | support workers,<br>Canada                       | purposive<br>sampling.                          | patients requesting<br>MAiD.  | interviews<br>with health<br>care<br>professiona   | perspective.<br>Interview data is<br>analyzed by<br>situating the     | (example,<br>emotions<br>emerging from<br>engagement of the               |
|                           |  |   |   | Is   | health care<br>professional as an<br>effect, as a<br>producer, and as | individual in terms<br>of power,<br>knowledge and<br>individual identity) |
|                           |  |   |   | 0  | a challenger of<br>power-knowledge<br>systems.                        |   |
|                           |  |   |   |  | Philosophical<br>theories of<br>Giorgio Agamben<br>are applied to the |   |
|                           |  |   |   |  | data to challenge<br>Foucauldian<br>principles, and to                |   |
|                           |  |   |   |  | bolster the<br>discussion of<br>defining of the                       |   |
|                           |  |   |   |  | body that<br>deserves to live,  |   |

|            |                |                                     |                                    |                                | and the body that deserves to die. |                  |
|------------|----------------|-------------------------------------|------------------------------------|--------------------------------|------------------------------------|------------------|
| 26.        | 37 health care | Health care                         | 19 physicians (10                  | One-to-one                     | Grounded theory                    | Emotional theme  |
| Buchbind   | providers in   | providers from                      | internal medicine, 4               | semi                           | approach                           | of role-assigned |
| er et al., | Vermont, USA.  | Hospital and                        | palliative care, 3                 | structured                     |                                    | emotions         |
| 019        |                | community-based                     | neurology, 2                       | interviews                     |                                    | (example pride,  |
|            |                | practices. Most                     | oncology), 12 had                  |                                |                                    | burden etc.)     |
|            |                | were women                          | participated in Act                |                                |                                    |                  |
|            |                | (68%) and the                       | 39 (The patient                    |                                |                                    |                  |
|            |                | largest subgroup                    | Choice and control                 |                                |                                    |                  |
|            |                | specialized in                      | at End-of-Life Act)                |                                |                                    |                  |
|            |                | internal or family                  | as prescribing                     |                                |                                    |                  |
|            |                | medicine (53%).                     | physicians, the                    |                                |                                    |                  |
|            |                | Most of the                         | remainder had                      |                                |                                    |                  |
|            |                | nurses and social                   | initiated but not                  |                                |                                    |                  |
|            |                | workers were                        | completed the Act                  |                                |                                    |                  |
|            |                | women (89%) and<br>most worked for  | 39 protocol (n = 3),               |                                |                                    |                  |
|            |                |                                     | participated as a                  |                                |                                    |                  |
|            |                | hospice and home<br>health agencies | second physician to<br>confirm the |                                |                                    |                  |
|            |                | (61%).                              | patient's diagnosis,               |                                |                                    |                  |
|            |                | (01/0).                             | prognosis, and                     |                                |                                    |                  |
|            |                |                                     | decisional capacity                |                                |                                    |                  |
|            |                |                                     | (n = 3), or counseled              | •                              |                                    |                  |
|            |                |                                     | patients (n = 1). The              |                                |                                    |                  |
|            |                |                                     | mean age of nurses                 | $\mathbf{\nabla}_{\mathbf{x}}$ |                                    |                  |
|            |                |                                     | and social workers                 | 4                              |                                    |                  |
|            |                |                                     | (n=18, 9                           |                                |                                    |                  |
|            |                |                                     | hospice/home                       |                                |                                    |                  |
|            |                |                                     | nurse, nurse                       |                                |                                    |                  |
|            |                |                                     | practitioner 5,                    |                                |                                    |                  |
|            |                |                                     | inpatient palliative               | <                              |                                    |                  |
|            |                |                                     | care 2, hospice                    |                                |                                    |                  |
|            |                |                                     | social worker 2) was               |                                |                                    |                  |
|            |                |                                     | 52.5, with most                    |                                |                                    |                  |
|            |                |                                     | working for hospice                |                                |                                    |                  |
|            |                |                                     | and home health                    |                                |                                    |                  |
|            |                |                                     | agencies (61%).                    |                                |                                    |                  |
|            |                |                                     | While all                          |                                |                                    |                  |
|            |                |                                     | professionals in this              |                                |                                    |                  |
|            |                |                                     | group engaged in                   |                                |                                    |                  |
|            |                |                                     | clinical care for                  |                                |                                    |                  |
|            |                |                                     | patients pursuing                  |                                |                                    |                  |
|            |                |                                     | Act 39, specialty                  |                                |                                    |                  |
|            |                |                                     | clinic nurse                       |                                |                                    |                  |

|                                     |   |  | practitioners were<br>more likely to assist<br>with navigating<br>access to the aid in<br>dying. Participating<br>health care<br>professionals<br>worked in ten of<br>Vermont's 14<br>counties   |  |   |   |
|-------------------------------------|---|--|--|--|---|---|
| 27.<br>Allyson<br>Oliphant,<br>2017 | 4 physicians. 4<br>nurses and 6 HCPs<br>(allied health care<br>professional<br>social workers (1),<br>spiritual care<br>providers (1),<br>pharmacists (1),<br>genetic<br>technologists (1)<br>and psychologists<br>(2).) of team<br>ADRAS in<br>Hamilton, ON. | Of the data<br>available, 2 were<br>semi-retired<br>family physicians,<br>One is an<br>intensive care<br>physician with a<br>background in<br>cardiology, and<br>the second is an<br>Emergency Room<br>physician with<br>training in<br>palliative care.   | All participants are<br>members of the<br>ADRAS (assisted<br>dying resource and<br>assessment service)<br>who support the<br>practice of MAiD.<br>Every participant<br>had a capacity to be<br>flexible.   | One to one<br>semi-<br>structured<br>interviews. | Grounded theory<br>approach                               | Emotional theme<br>of reflective<br>emotions<br>(example,<br>emotions related<br>to related to<br>professional<br>identity, sense<br>making, feeling of<br>obligation to<br>serve)                    |
| 28. Laura<br>Sheridon<br>2017       | nine palliative<br>care nurses in<br>southwestern<br>Ontario, Canada  | 3 males, 6<br>females. 3<br>participants<br>worked in<br>residential<br>hospices where<br>MAiD was not<br>supported as an<br>end-of-life option,<br>six participants<br>worked in the<br>community<br>providing home<br>care where MAiD<br>is an option in<br>end-of-life<br>planning. Two<br>participants had | Participants in the<br>study indicated that<br>nurses may act as a<br>liaison between<br>physicians and<br>nurse practitioners<br>who have the<br>authority to assess<br>patient eligibility<br>and provide the<br>intervention of<br>MAiD and the<br>patient, notifying<br>them of an inquiry<br>about or a request<br>for MAiD | One-to-one<br>semi<br>structured<br>interview.   | interpretive<br>description<br>qualitative<br>methodology | Emotional theme<br>related to role-<br>assigned emotions<br>(example,<br>emotional<br>expressions ("hard<br>conversations")<br>related to nursing<br>role, struggle<br>related to moral<br>conflicts. |

| Page 58 of | 69 |
|------------|----|
|------------|----|

|                                     |   | previous inpatient<br>hospital<br>experience in<br>emergency care<br>and in intensive<br>care specialties.   |  |   |   |  |
|-------------------------------------|---|--|--|---|---|--|
| 29.<br>Khosnoo<br>d et al.,<br>2018 | 19 physicians,<br>Canada. Quebec<br>not included. | Half of the<br>participants were<br>palliative care<br>specialists (n = 8),<br>with the<br>remaining<br>representing<br>Family Medicine<br>(n = 4),<br>Anesthesia (n =<br>2), Hematology (n<br>= 1), and<br>Obstetrics &<br>Gynecology (n =<br>1). The majority<br>of participants<br>practiced in an<br>urban setting (n =<br>13).                | Average 6.9 MAiD<br>cases.   | In-depth<br>semi-<br>structured<br>telephone-<br>based<br>interviews.     | inductive<br>thematic analysis<br>approach                          | Emotional theme<br>of role-assigned<br>emotions<br>(example burn<br>out, negative<br>effect on inter-<br>professional<br>relationships vs.<br>increased feeling<br>of respect) |
| 30.<br>Beuthin<br>et al.,<br>2020   | 8 physicians,<br>Canada.                          | Participants<br>included general<br>practitioners<br>(GPs) and Non-<br>specialist<br>physicians from<br>urban and rural<br>communities<br>working in acute<br>and palliative<br>care. Ages ranged<br>from 33 to 62<br>years (average<br>age 49), with an<br>equal number of<br>men and women.<br>The majority<br>identified no<br>active religious | experience with<br>MAiD provision<br>ranged from 12 to<br>113 assisted deaths.<br>Only one physician<br>was dedicated to<br>full-time provision. | In-person<br>or<br>telephone-<br>based semi-<br>structured<br>interviews. | interpretive<br>descriptive<br>methodology and<br>thematic analysis | Emotional them of<br>reflective<br>emotions,<br>(example complex<br>emotions of<br>compassion<br>satisfaction,<br>embodied<br>awareness, soul-<br>searching)                   |

For peer review only - http://bmjopen.bmj.com/site/about/guidelines.xhtml

| 31. Keri-<br>Lyn<br>Durant<br>and<br>Katherin<br>e Kortes-<br>Miller<br>2020 | 23 physicians of<br>Rural area,<br>northwestern<br>Ontario, most of<br>subarctic Ontario. | affiliation, and<br>ethnicity was<br>withheld to<br>protect<br>anonymity. Years<br>of experience<br>ranged from 6 to<br>38 years (average<br>of 23).<br>23 physician<br>participants<br>ranged in age<br>from 26 to 63,<br>with a mean age<br>of 43 years.<br>Physicians worked<br>in a variety of<br>settings, with 14<br>in an urban<br>setting – in family<br>practice, as a<br>hospitalist or<br>other specialist, in<br>the emergency<br>department, in<br>palliative care,<br>and in long-term<br>care. Nine<br>participants<br>declared a rural<br>practice, and self-<br>identified as rural<br>generalists,<br>working on a First<br>Nations' reserve,<br>in a community,<br>at a satellite<br>clinic, or 'All of<br>the above'. | 11 identifying<br>themselves as<br>acting both as<br>assessor and<br>provider, 1 as<br>assessor only, 4 as<br>providing referrals<br>upon request, and 7<br>without any<br>direct/indirect<br>experience. These<br>seven were included<br>in the study because<br>they expressed a<br>desire to participate<br>and reported that<br>their practice and<br>the community had<br>been impacted by<br>the legislation.<br>There was also a<br>variance in terms of<br>exposure to death<br>in practice, with an<br>estimated total<br>between 2 and 250<br>deaths per annum | using 1<br>semi-<br>structured<br>focus group<br>and 18<br>semi-<br>structured<br>interviews<br>comprising<br>9 set of<br>questions | Thematic analysis | Emotional theme<br>of role-assigned<br>emotions<br>(example, feeling<br>of impact on inter-<br>professional<br>relationships,<br>feeling of<br>unpreparedness. |
|--|---|---|--|---|-------------------|--|
| 32.<br>Snijdewi<br>nd et al.,<br>2016  | secondary<br>analysis of in-<br>depth   | Respondents<br>were recruited<br>both by the<br>network of<br>physicians  | Twenty-two<br>respondents<br>worked as family<br>physicians, and six   | One-to-one<br>semi-<br>structured<br>interviews.  | Thematic analysis | Emotional theme<br>of reflective<br>emotions<br>(example, those<br>related to meaning  |

|           | interviews with  | working for SCEN    | worked as medical    |               |                   | of suffering,      |
|-----------|------------------|---------------------|----------------------|---------------|-------------------|--------------------|
|           | 28 Dutch         | (Support and        | specialists (three   |               |                   | blurring emotional |
|           | physicians who   | Consultation for    | elderly care         |               |                   | boundaries)        |
|           | had experience   | Euthanasia in the   | physicians, a        |               |                   |                    |
|           | with a complex   | Netherlands) as     | psychiatrist, an     |               |                   |                    |
|           | case of EAS      | well as via a       | internist and a lung |               |                   |                    |
|           |                  | national            | specialist). Next to |               |                   |                    |
|           |                  | Questionnaire.      | this, six of the     |               |                   |                    |
|           |                  | Nine of the         | respondents also     |               |                   |                    |
|           |                  | respondents were    | worked as SCEN       |               |                   |                    |
|           |                  | female. The         | physicians. All had  |               |                   |                    |
|           |                  | respondents' age    | experience with EAS  |               |                   |                    |
|           |                  | ranged from 36 to   | requests and the     |               |                   |                    |
|           |                  | 68 years            | performance of EAS.  |               |                   |                    |
| 33. Pesut | 59 registered    | n = 9 (15%) were    | 24 of the 59         | Semi-         | Qualitative       | Emotional theme    |
| et al.,   | nurses and nurse | conscientious       | participants had     | structured    | approach guided   | of role-assigned   |
| 2020      | practitioners in | objectors,          | conducted more       | interviews    | by Interpretive   | emotions           |
| -020      | Canada           | Spiritual or        | than 25              | conducted     | Description. data | (example,          |
|           |                  | Religious           | conversations with   | on            | immersion, open   | emotions related   |
|           |                  | Affiliation: n = 33 | patients about       | telephone.    | coding, constant  | to find themselves |
|           |                  | (56%) Neither: n =  | MAiD, and 11 of the  | Question      | comparative       | caught between     |
|           |                  | 15 (25%); Spiritual | 59 participants had  | examples:     | analysis, and the | the proverbial     |
|           |                  | but not Religious:  | been involved with   | (i) Can you   | construction of a | "rock and hard     |
|           |                  | n = 11 (19%)        | more than 25         | tell us how   | thematic and      | place." With       |
|           |                  | , , ,               | patients who went    | the process   | interpretive      | feelings of        |
|           |                  | Home &              | on to receive MAiD.  | of MAiD       | account.          | Emotions of        |
|           |                  | Community: n =      |                      | occurs in     | Transcripts       | frustration,       |
|           |                  | 32 (54%); Acute     |                      | your          | include emotions  | powerfulness of    |
|           |                  | Care: n = 10        |                      | practice      | evident during    | the experience,    |
|           |                  | (17%); Long-term    |                      | context? (ii) | the interview     | feeling drained    |
|           |                  | care: n = 5 (9%);   |                      | What          | (e.g., crying).   | out)               |
|           |                  | Hospice: n = 4      |                      | resources     |                   |                    |
|           |                  | (7%); Clinic: n = 3 |                      | and           |                   |                    |
|           |                  | (5%                 |                      | practice      |                   |                    |
|           |                  |                     |                      | supports      |                   |                    |
|           |                  |                     |                      | are           |                   |                    |
|           |                  |                     |                      | available to  |                   |                    |
|           |                  |                     |                      | assist you in |                   |                    |
|           |                  |                     |                      | caring for    |                   |                    |
|           |                  |                     |                      | MAiD          |                   |                    |
|           |                  |                     |                      | patients?     |                   |                    |
|           |                  |                     |                      | (iii) Tell us |                   |                    |
|           |                  |                     |                      | about your    |                   |                    |
|           |                  |                     |                      | experiences   |                   |                    |
|           |                  |                     |                      | with MAiD?    |                   |                    |

|  |  |  |   | The average<br>length of<br>interviews<br>was 55 min.   |  |  |
|--|--|--|---|---|--|--|
| 34.<br>Deborah<br>Volkar et<br>al., 2001 | 40 oncology<br>nurses who<br>received requests<br>for assisted death<br>in USA.  | 48% in<br>hospital/multi-<br>hospital settings.<br>9 female, 1 male.<br>Mean age 45 y.                                     | 30% had received<br>requests for<br>assisted suicide, 6<br>(1%) engaged in<br>assisted suicide, and<br>20 (4.5%) admitted<br>to intentionally<br>injecting a drug to<br>end a patient's life.   | Recipients<br>were re<br>questedto<br>submit a<br>written<br>account or<br>story of<br>receiving a<br>request for<br>assistance<br>in dying<br>from a<br>terminally<br>ill patient<br>with<br>cancer. | Denzin's process<br>of interpretive<br>interactionism<br>with an emic,<br>ideographic<br>approach. That is,<br>individual<br>experience is<br>considered to be<br>unique; discovery<br>of an individual's<br>epiphany and<br>associated<br>meanings is the<br>research focus | Emotional theme<br>of basic emotions<br>(example<br>emotional labor)<br>along with<br>reflective<br>emotions of<br>feeling lack of<br>control (or lack of<br>it) and moral<br>distress).               |
| 35.<br>Mathews<br>et al.,<br>2021        | 23 palliative care<br>providers (13<br>physicians and 10<br>nurses) who<br>practiced for 6<br>months or more<br>before and after<br>the introduction<br>of MAiD, in<br>inpatient and<br>community-based<br>settings that<br>supported<br>assisted death in<br>southern Ontario,<br>Canada. | 54% of physicians<br>and 90% of nurses<br>were female with<br>a mean age of 43<br>years and 42.6<br>years<br>respectively. | All the participants<br>described having<br>discussions with<br>patients regarding<br>MAiD and 7/23<br>participants (4<br>nurses and 3<br>physicians)<br>described directly<br>witnessing assisted<br>death. 8/13<br>physicians made<br>referrals for MAiD, 4<br>conducted<br>assessments, and 3<br>physicians were<br>MAiD providers; 3<br>physicians identified<br>as conscientious<br>objectors. None of<br>the nurses<br>identified<br>themselves as<br>conscientious | Semi-<br>structured<br>interview<br>based on<br>pre-<br>determined<br>interview<br>guide  | Braun and<br>Clarke's version<br>of Thematic<br>analysis   | Emotional theme<br>of role-assigned<br>emotions<br>(example Role-<br>driven emotional<br>themes of<br>Emotional,<br>psychological and<br>resource burden<br>along with theme<br>of emotional<br>labor) |

**BMJ** Open

| 1        |  |
|----------|--|
| 2        |  |
| 3        | objectors, although  |
| 4        | some expressed   |
| 5<br>6   | moral or religious   |
| 7        | conflict around  |
| 8        | MAID.  |
| 9        |  |
| 10       |  |
| 11       |  |
| 12<br>13 |  |
| 14       |  |
| 15       |  |
| 16       |  |
| 17       |  |
| 18       |  |
| 19       |  |
| 20<br>21 |  |
| 21       |  |
| 23       | Table 3: Codes and Themes table (corresponding Table-2 study number in parenthesis): |
| 24       |  |
|          |  |

A) Over-arching theme of basic emotions:

| Theme 1: Emotional labor (positive/negative emotions)                   | Theme 2: Conscience based emotions.                              |
|---|--|
| Codes:  | codes:   |
| "rewarding" "liberating", "Well please let someone else do this         | "making pluses and minuses about it but 'What's it               |
| question", "blood had frozen in my veins",                              | doing to me? I'm going to kill someone tonight.'[respondent      |
| I just felt just totally cold all over. I had no idea of what to do. I  | began to cry],   |
| realized there was no help I could get from anywhere I                  | "I have to do no harm, and I just feel that if you're            |
| felt as though I wasimpotent to help them. "If possible, I              | assisting someone in dying it's against what I've been           |
| would run away. But I see it as the last part of my care. I have        | trained It's not up to me to decide when the patient dies .      |
| taken care of that patient for years and now at the moment              | ." (1);  |
| when she needs me most I would be a coward to run away                  | "killing another person is not the solution. It's in the ten     |
| then. (1)   | commandments"  |
| "I felt very lonely" "heroic feelings", "tense", "scary", "terribly     | "sense of guilt. I feel as if I'm an executioner. Who am I to    |
| creepy", "felt pressured to succeed", "suffer a loss yourself           | have the right to do this?" (2);                                 |
| when someone like that dies" "terribly manipulated", "felt              | "Conscientiously, I find it hard to come to terms with           |
| slightly put upon, angry" 'let off steam' (2)                           | euthanasia" (3);   |
| "feeling of ambivalence", "intense", "gradually feel less secure,       | Clarity of conscience- "a sort of trap that can't be avoided.    |
| less fearful", "surprisingly grateful". "very demanding and             | That in spite of everything you can offer, a terminal stage can  |
| emotionally distressing" (3) "very demanding, generally like to         | be so heavy, perhaps too heavy for a patient. In fact, I always  |
| avoid", "drastic"(5), "moral pressure", "uncertain,                     | see it as an emergency exit. When I am talking about it with a   |
| complex"(6), "very hard"(7), "feeling choked up or shedding a           | patient I say, "yes we will consider it, if you don't want to go |
| tear" "Feeling positive emotions of peace and amazement                 | on any longer and if I have nothing more to offer you to make    |
| were more surprising and often shared cautiously in public"             | it better"(5);   |
| , "had difficulty finding effective words for the paradoxical           | "I am a Christian so I have strong feelings because of my belie  |
| experience of witnessing death that is, both "sad" and                  | and my background, believe that no human being should be in      |
| "beautiful." (11). "felt reluctant as it is difficult to predict" (12). | the position to hasten death." (10);                             |
| "feeling of enrichment", "feeling of sorrow and intrusive               | cannot bear the idea of killing one of my patients", I do not    |
| thoughts", "feeling like weathering the storm", "empathy and            | feel competent to deal with the topicespecially for my           |
| emotional closeness", "personal compromise" (13). "do not               | personal psychological health, "challenges my belief, I do not   |
| feel competent" (16).   | understand how it can be meaningful" (16)                        |

| 1  |   |   |
|--|---|---|
| 2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>10<br>11<br>12<br>13<br>14<br>15<br>16<br>17<br>18<br>19<br>20 | "rewarding work", "honor", "bit overwhelming", "proud",<br>"incredible" "feeling like being on call all the time (19),<br>"emotional burden", "fear of psychological repercussions",<br>"uncomfortable", fear of stigmatization (21), "fear of<br>stigma/isolation, feeling of ambiguity" (22), "feeling<br>courageous" (23), "satisfying and gratifying" " roller coaster",<br>"transformational feelings of beautiful death" (24), just feel<br>coldness, or whatever. You just feel drained"(28),<br>"unexpected rewards", "enriching capacity of caring", (30),<br>, "anxiety, shock, self-doubt", "deep insideconflict" (34);<br>"walking quiet a tight rope", was as preparedbut<br>went outside and felt like I was about to throw up",<br>"actually, find them they're<br>such beautiful experiences with family. It's the shared<br>experience with the family that you're with that you have<br>an opportunity to help." (35) | "to see somebody lying there, to whom you brought a cup of<br>tea that morning. And you know that everybody who gets a<br>heart attack can die as well, but this was no heart attack. You<br>know that, of course. So, somebody has been killed, just like<br>that That makes it different." (17)<br>"conflicted, trying to reconcile their own personal moral<br>stance with facilitating the end of someone's life" (28)<br>"What would my family think that I'm working on a unit that<br>does that [Medical Assistance in Dying]? Do I hide it from<br>themwhat if people find out that we do it? Are people<br>going to come up here and start protesting? People will see<br>that as evil." (35)  |
| 20<br>21   |   |   |
| 22<br>23<br>24<br>25<br>26   | B) Overarching theme of reflective emotions.  |   |
| 27<br>28   | Theme 1: relational   | Theme 2. Discourse based (control over a natural process of   |
| 28<br>29<br>30<br>31<br>32<br>33<br>34<br>35<br>36<br>37<br>38<br>39<br>40<br>41<br>42<br>43<br>44     | Theme 1: relational<br>"feeling of trust and sympathy in physician patient relationship<br>strong" (14)<br>"human centered, compassionate care" (23), "for somebody to<br>approach you is almost an honor that they trust you enough to<br>have this conversation, and to have to sort of shut<br>them down, or acknowledge how they're feeling" (empathy)<br>(28), "intimate, emotional engagement-rediscovering the art of<br>medicine", (30), "indelible nature of the experience shared" (34)<br>"as soon the topic [Medical Assistance in Dying]<br>came up, that I was a conscientious objector and the person<br>said that you're not on my side, even though she was getting<br>the service [MAID]I was seen as somebody who was not<br>helping her" (35)   | Theme 2: Discourse based (control over a natural process of dying)<br>"interesting discourse presented itself through idea of using stages to determine someone's chances of survival, and the need for professionals to have something finite and concrete to measure", "discourse that emerged through conversations with participants was how control (or masterhood) equates to people's sense of wellbeing" "MAiD itself presents a paradox insofar as one can be too sick to access this form of assistance that is exclusively designed to bring death to the most critically ill people" "The most dominant discourse that emerged from this data set was participants aligning what is right and good within the confines of the law." (25); "medicalization of a social problem" (32); "degree of control over dying process" (34). |
| 44<br>45<br>46<br>47<br>48<br>49<br>50<br>51<br>52<br>53<br>54<br>55<br>56<br>57                       | Theme 3: Sense making process and related emotions. (Theme of Growth)<br>"You grow with the problems of the patients" (1)<br>" stay closer to their own beliefs" " long road to becoming aware<br>of one's own views" (2)<br>"meaning full experience" " almost closer than when someone is<br>having a baby" (5)<br>"[EAS] is not an act, it's a process towards which we both grow"<br>(6), "Being in process, holding an in-between space of<br>uncertainty, reflection, and active sense-making" (11); "pure<br>moment of autonomous self-consciousness" "I am working and<br>sense making as I go along, being sure that I keep breathing",  | Theme 4: Process influenced themes (sufferingreliefdeath)<br>"Invisible suffering made it harder for the people close by to<br>empathize and come to terms with the patient's request and<br>his/her death" (6);<br>"for me, a lot of talk, talk about death and dying, talk about<br>life, about saying goodbye, really seeing and feeling what is<br>happening in this last phase of life and reflect on that. But not<br>everybody is capable of talking and reflecting this way, while<br>everybody is<br>going to die. So that's my problem" (7);<br>"imagine self" and "imagine other" cognitive route. Use of<br>cognitive reflection (8);   |

60

"feeling of embodiment, become the face of MAiD", "bearing "very difficult for me to let...go, to be so aware of saying witness" (23); "worries of becoming desensitized and ongoing farewell, and now I notice that as time passes it gets harder deeper questioning" (24); "their thoughtful silence after speaking and harder for me" (14); "sense of urgency to hasten death" or listening represented and solicited from me respect for the (23); dead and the dying, seething inner anger, and perhaps the "boundaries of EAS has shifted over time, making feel quietude that one experiences when their physical body feels the stretched, tense and insecure" "not feeling competent if effects of being a challenger and resister in the strongest way suffering is existential" (32); possible" "Kind of letting them have control over what they can "it's been a bit of a challenge to delineate what have control over" "beautiful journey of self-reflection", we're doing in relationship to the request for assisted dying "grappling with identity" (25); "embodied awareness", "soul and what normal care still continues to be" "struggle searching" (30); "silent knowing" (34) with the rules of a complex legislated and reporting process that determines it"(33)

C) Overarching theme of emotions related to professional values:

## Theme 4: Role-assigned emotions

Nurses: "predominantly tend to be conformist (following existing conventions rather than using critical reflection) when faced with ethical dilemmas. Combined with the emphasis of the medical responsibility in euthanasia care, and combined with the strong inclination of nurses to respect the patients' wishes, it seems logical that nurses interpret the gravity of the process in emotional terms"(3); ""unchartered territory," where "there was almost no foundation" for providing this option, and "this is a whole new role for all of us. (being pioneers)" "duty to provide care" is being touted as "you don't have a choice" and the information isn't there [about] how to object if you don't agree with" (11); "moral distress", "burden", see somebody lying there, to whom you brought a cup of tea that morning. And you know that everybody who gets a heart attack can die as well, but this was no heart attack. You know that, of course. So, somebody has been killed, just like that... That makes it different" (16); "identifying the moral line", "human-human response and connectedness because of the role played", "fear the potential for abuse, and the possibility that other health-care professionals might too readily accept a patient's fleeting wish to die" (20); "taken for granted, feeling terrible" "their own suffering is invisible" (24); "walking alongside patients" like the experience of being able to make [death] a better experience. That celebration of life rather than the mourning of death" (27); "feeling of having hard conversations" (28); "Nurses seeking to provide the compassionate care consistent with such a momentous moment in patients' lives, without suitable supports, find themselves caught between the proverbial rock and hard place" "powerful experience" "mad as a hell", "overwhelmed" "...don't find the provisions so emotionally draining, but it's more the logistics and it's a lot of work as a nurse" (33); there's a sense of ceremony [before Medical Assistance in Dying], So, those all have impacts in terms of resources" (35).

social worker: "feeling of being a gatekeeper" (4); "sense of preparedness", feeling that this option is 'pro-self-determination
 which is our job" (9); "inner debate, cannot make peace with that, felt a huge shift in my ethics", "dying process has a lot to give"
 "missed opportunity to deepen oneself spiritually", "missed opportunity to forgive" (15); feeling of advocacy and self-

determination in sync with hospice and social work values, and we will advocate for the patients . . . to get them whatever they
 want . . . I believe in self-determination, but I think it's (PAS) a sad commentary on our society." "Our job is to meet the patients
 where they are" (10); "felt like higher commitment", "felt like a failure if patient chose EAS" (16).

physicians: "heavy responsibility" (5); "implicit ethical tension due to pressure to decide", "It is the right time for EAS] Only if
 someone is totally at peace with himself, his life and his death, and if I see and feel that too.'(7); "feeling of duty" (12);

"professional compromise" (13); "fears prosecution", "burden, not wanting to abandon the patient" (14); extremely personal choice, I feel that part of some of the resistance at times can be related to [the fact that] that this is something new" "feeling of being torn between professional values and patient values (18); "significant administrative burden" (21); "struggle to reconcile to professional values", sense of responsibility to not create barriers" "walking a tight rope" (22); "tremendous pride", "burden as well" (26); duty to serve. "if not me than who" (27); "interprofessional lack of trust" "excessive workload and lack of financial satisfaction" (29); "burgeoning relationship between palliative care and MAiD", " positive because master of destiny", "uncomfortable discussing it" (31); "Good palliative care takes a lot of time and interdisciplinary resources. . . .when a patient is requesting MAID, most of the resources have been sucked up by that one case ... And all of the high-quality palliative care that we do falls by the wayside for the other patients." (35)

to peet eview only

BMJ Open: first published as 10.1136/bmjopen-2021-058523 on 15 July 2022. Downloaded from http://bmjopen.bmj.com/ on June 11, 2025 at Agence Bibliographique de Enseignement Superieur (ABES) .

Protected by copyright, including for uses related to text and data mining, Al training, and similar technologies

|  |                               |           | BMJ Open BMJ Open by  | Page 66 of 69                          |
|--|-------------------------------|-----------|---|--|
| 1<br>2   | Supplementary a               | ppendi    | ix 4: PRISMA and ENTREQ checklist.  |  |
| 2<br>3<br>4  | Section and<br>Topic          | ltem<br># | Checklist item  | Location<br>where item is<br>reported  |
| 5  | TITLE                         | -         | udi<br>udi  |  |
| 6<br>7   | Title                         | 1         | Identify the report as a systematic review.   | Title                                  |
| 8  | ABSTRACT                      | -         |   |  |
| 9  | Abstract                      | 2         | See the PRISMA 2020 for Abstracts checklist.  |  |
| 10   | INTRODUCTION                  |           |   |  |
| 11   | Rationale                     | 3         | Describe the rationale for the review in the context of existing knowledge.   | p.4-6                                  |
| 12<br>13<br>14<br>15<br>16<br>17<br>18<br>19<br>20 | Objectives                    | 4         | Provide an explicit statement of the objective(s) or question(s) the review addresses.  | p.2 and p.6                            |
|  | METHODS                       |           |   |  |
|  | Eligibility criteria          | 5         | Specify the inclusion and exclusion criteria for the review and how studies were grouped for the syntheses.   | p.6-8                                  |
|  | Information<br>sources        | 6         | Specify all databases, registers, websites, organisations, reference lists and other sources searched or consulted identify studies. Specify the date when each source was last searched or consulted.  | p.8-9,<br>supplementary<br>appendix 1  |
|  | Search strategy               | 7         | Present the full search strategies for all databases, registers and websites, including any filters and limits used   | Supplementary appendix 1               |
| 20<br>21<br>22                                     | Selection process             | 8         | Specify the methods used to decide whether a study met the inclusion criteria of the review, including how many reviewers screened each record and each report retrieved, whether they worked independently, and if applicable, details of automation bols as in the process.       | p.9                                    |
| 23<br>24<br>25                                     | Data collection<br>process    | 9         | Specify the methods used to collect data from reports, including how many reviewers collected data from each two worked independently, any processes for obtaining or confirming data from study investigators, and if applicable, detaits of automation tools used in the process. | p.9-10                                 |
| 26<br>27   | Data items                    | 10a       | List and define all outcomes for which data were sought. Specify whether all results that were compatible with gachoutcome domain in each study were sought (e.g. for all measures, time points, analyses), and if not, the methods used to decide which esuits to collect.         | p.6-7                                  |
| 28<br>29   |                               | 10b       | List and define all other variables for which data were sought (e.g. participant and intervention characteristics, and g sources). Describe any assumptions made about any missing or unclear information.  | p.6-7                                  |
| 30<br>31<br>32                                     | Study risk of bias assessment | 11        | Specify the methods used to assess risk of bias in the included studies, including details of the tool(s) used, how many reviewers assessed each study and whether they worked independently, and if applicable, details of automation tools used in the process.                   | p.9-10,<br>supplementary<br>appendix 2 |
| 33   | Effect measures               | 12        | Specify for each outcome the effect measure(s) (e.g. risk ratio, mean difference) used in the synthesis or presentation of results.   | Not applicable                         |
| 34<br>35<br>36<br>37<br>38<br>39<br>40             | Synthesis<br>methods          | 13a       | Describe the processes used to decide which studies were eligible for each synthesis (e.g. tabulating the study intervention characteristics and comparing against the planned groups for each synthesis (item #5)).  | p.10-11                                |
|  |                               | 13b       | Describe any methods required to prepare the data for presentation or synthesis, such as handling of missing sum ary statistics, or data conversions.   | p.10-11                                |
|  |                               | 13c       | Describe any methods used to tabulate or visually display results of individual studies and syntheses.  | p.10-11<br>supplementary<br>appendix 3 |
| 41<br>42   |                               | 13d       | Describe any methods used to synthesize results and provide a rationale for the choice(s). If meta-analysis was performed, describe the model(s), method(s) to identify the presence and extent of statistical heterogeneity, and software package(s) used 2                        | p.10-11                                |
| 43<br>44   |                               | 13e       | Describe any methods used to explore possible causes of heterogeneity among study results (e.g. subgroup analyas, meta-regression).   | Not applicable                         |
| 45   |                               | 13f       | Describe any sensitivity analyzes conducted to-asses/hoojustnessrof thers/rithes/zedt/esuit/slines.xhtml  | Not applicable                         |

| Pag            | ge 67 of 69   |           | BMJ Open BMJ Open by   |   |
|----------------|---|-----------|--|---|
| 1              | ge 67 of 69 BMJ Open BMJ Open by Copy in Supplementary appendix 4: PRISMA and ENTREQ checklist. |           |  |   |
| 2<br>3<br>4    | Section and<br>Topic  | ltem<br># | Checklist item   | Location<br>where item is<br>reported   |
| 5<br>6<br>7    | Reporting bias assessment   | 14        | Describe any methods used to assess risk of bias due to missing results in a synthesis (arising from reporting bias ).   | high risk, p.20                         |
| 7<br>8<br>9    | Certainty<br>assessment   | 15        | Describe any methods used to assess certainty (or confidence) in the body of evidence for an outcome.  | p.5,<br>supplementary<br>appendix 3     |
| 10             | RESULTS   |           |  |   |
| 11<br>12       | Study selection   | 16a       | Describe the results of the search and selection process, from the number of records identified in the search to the pumber of studies included in the review, ideally using a flow diagram.   | Figure 1                                |
| 13<br>14       |   | 16b       | Cite studies that might appear to meet the inclusion criteria, but which were excluded, and explain why they were excluded.  | Figure 1, p.7                           |
| 15<br>16       | Study<br>characteristics  | 17        | Cite each included study and present its characteristics.  | Supplementary appendix 3                |
| 17<br>18       | Risk of bias in studies   | 18        | Present assessments of risk of bias for each included study.   | Supplementary appendix 2                |
| 19<br>20       | Results of<br>individual studies  | 19        | For all outcomes, present, for each study: (a) summary statistics for each group (where appropriate) and (b) are the stimate and its precision (e.g. confidence/credible interval), ideally using structured tables or plots.  | Not applicable                          |
| 21<br>22       | Results of<br>syntheses   | 20a       | For each synthesis, briefly summarise the characteristics and risk of bias among contributing studies.   | Supplementary appendix 2                |
| 23<br>24<br>25 |   | 20b       | Present results of all statistical syntheses conducted. If meta-analysis was done, present for each the summary estimate and its precision (e.g. confidence/credible interval) and measures of statistical heterogeneity. If comparing groups, describe the tire tion of the effect. | p.11-14.<br>Supplementary<br>appendix 3 |
| 26             |   | 20c       | Present results of all investigations of possible causes of heterogeneity among study results.   | Not applicable                          |
| 27<br>28       |   | 20d       | Present results of all sensitivity analyses conducted to assess the robustness of the synthesized results.   | Not applicable                          |
| 20             | Reporting biases  | 21        | Present assessments of risk of bias due to missing results (arising from reporting biases) for each synthesis assessed.  | Not applicable                          |
| 30<br>31       | Certainty of evidence   | 22        | Present assessments of certainty (or confidence) in the body of evidence for each outcome assessed.  | Table 1                                 |
| 32             | DISCUSSION  |           |  |   |
| 33             | Discussion  | 23a       | Provide a general interpretation of the results in the context of other evidence.  | p.17-20                                 |
| 34<br>35       |   | 23b       | Discuss any limitations of the evidence included in the review.  | p.17-20                                 |
| 36             |   | 23c       | Discuss any limitations of the review processes used.  | p.17-20                                 |
| 37             |   | 23d       | Discuss implications of the results for practice, policy, and future research.   | p.17-20                                 |
| 38             | OTHER INFORMA   | TION      |  |   |
| 39<br>40       | Registration and  | 24a       | Provide registration information for the review, including register name and registration number, or state that the review was not registered.   | p. 11                                   |
| 40<br>41       | protocol  | 24b       | Indicate where the review protocol can be accessed, or state that a protocol was not prepared.   | p.11                                    |
| 42             |   | 24c       | Describe and explain any amendments to information provided at registration or in the protocol.  | none                                    |
| 43             | Support   | 25        | Describe sources of financial or non-financial support for the review, and the role of the funders or sponsors in the Fiview.  | p.21                                    |
| 44<br>45       | Competing interests   | 26        | Declare any competing interests of review authors.<br>For peer review only - http://bmjopen.bmj.com/site/about/guidelines.xhtml  | p.21                                    |
| 46             |   |           |  |   |

|  |  | BMJ Open  | cted by copyri          | 136/bn                                    | Page 68 of 69                         |
|--|--|---|-------------------------|---|---------------------------------------|
| Supplementary a  | Supplementary appendix 4: PRISMA and ENTREQ checklist. |   |                         | niopen-2                                  |                                       |
| Section and<br>Topic   | Item<br>#  | Checklist item  | ght, incl               | 021-058                                   | Location<br>where item is<br>reported |
| Availability of<br>data, code and<br>other materials   | 27   | Report which of the following are publicly available and where they can be found: template data collection studies; data used for all analyses; analytic code; any other materials used in the review.  | formes; day             | a extracted from included                 | p.21                                  |
| 10<br>11<br>12<br>13<br><sup>14</sup> Enhancing transg   | parenc   | Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting sy<br>For more information, visit: <u>http://www.prisma-statement.org/</u><br>cy in reporting the synthesis of qualitative research: ENTREQ Checklist (Tong, <i>et al.,</i> 2012  | related to              | Views. BMJ 2021;372:n71. doi:             | 10.1136/bmj.n71                       |
| 15<br>16<br>17   | G  | Guide and Description   | Reperent                | Location                                  |                                       |
| 18 1. Aim  | S'   | tate the research question the synthesis addresses  | Batter                  | b<br>Bound, p.6                           |                                       |
| <sup>9</sup> 2. Synthesis  |  | dentify the synthesis methodology or theoretical framework which underpins the  |                         | nalysis, p.10                             |                                       |
| 0<br>1 methodology<br>2<br>3<br>4  | sy<br>et   | ynthesis, and describe the rationale for choice of methodology (e.g. meta-<br>ethnography, thematic synthesis, critical interpretive synthesis, grounded theory<br>ynthesis, realist synthesis, meta-aggregation, meta-study, framework synthesis)  | ing,                    | strategy screening an                     |                                       |
| 5<br>6<br>7 searching<br>8   | al   | ndicate whether the search was pre-planned (comprehensive search strategies to seek<br>Il available studies) or iterative (to seek all available concepts until they theoretical<br>aturation is achieved)  | searct<br>criteri<br>mi | strategy screening an <i>SPIDER</i> , p.6 | d eligibility                         |
| <ul> <li>9 4. Inclusion</li> <li>0 criteria</li> <li>2</li> </ul>  |  | pecify the inclusion/exclusion criteria (e.g. in terms of population, language, year mits, type of publication, study type)   | El Partie chno          | #ty criteria, p.7                         |                                       |
| 5. Data sources<br>5. Data sources<br>5.<br>5. Data sources<br>5.<br>5. Data sources<br>5.<br>5. Data sources<br>5. Da | CI<br>OI<br>Sc   | Describe the information sources used (e.g. electronic databases (MEDLINE, EMBASE,<br>CINAHL, psycINFO), grey literature databases (digital thesis, policy reports), relevant<br>organisational websites, experts, information specialists, generic web searches (Google<br>Scholar) hand searching, reference lists) and when the searches conducted; provide the<br>ationale for using the data sources | Seglies.                | gstrategy, p.8                            |                                       |
| <ul> <li>6. Electronic</li> <li>Search strategy</li> </ul>   | D<br>/ te  | Describe the literature search (e.g. provide electronic search strategies with population erms, clinical or health topic terms, experiential or social phenomena related terms, ilters for qualitative research, and search limits)   | Supple<br>g             | mentary appendix 1 ar                     | nd p.6-9                              |
| 7. Study<br>screening<br>methods   |  | Describe the process of study screening and sifting (e.g. title, abstract and full text<br>eview, number of independent reviewers who screened studies)<br>For peer review only - http://bmjopen.bmj.com/site/about/guidelines.xhtml  |                         | dy selection process, F<br>gagram         | ig 1 PRISMA                           |
|  |  |   |                         |   |                                       |

| Page 69 of 69                          |  | BMJ Open   | 136/bmj  |  |
|--|--|--|--|--|
| 1<br>2                                 | Supplementary appendix 4: PRISMA and ENTREQ checklist. |  |  |  |
| 2                                      |  |  | 3ht,   |  |
| 4                                      | 8. Study   | Present the characteristics of the included studies (e.g. year of publication, country,  | Tāģileģi in supplementary appendix 3,                                      |  |
| 5<br>6<br>7                            | characteristics  | population, number of participants, data collection, methodology, analysis, research questions)  | Chardeteristics of included studies  |  |
| 7<br>8<br>9<br>10<br>11<br>12<br>13    | 9. Study selection                                     | Identify the number of studies screened and provide reasons for study exclusion (e.g.  | Fig 1 - RISMA flow diagram   |  |
|  |  | for comprehensive searching, provide numbers of studies screened and reasons for<br>exclusion indicated in a figure/flowchart; for iterative searching describe reasons for<br>study exclusion and inclusion based on modifications to the research question and/or<br>contribution to theory development) | July 2022. Dov<br>Enseignemer  |  |
| 14<br>15<br>16                         | 10. Rationale for appraisal                            | Describe the rationale and approach used to appraise the included studies or selected findings (e.g. assessment of conduct (validity and robustness), assessment of reporting (transparency), assessment of content and utility of the findings)   | Table CERQual approach   |  |
| 17<br>18                               | 11. Appraisal  | State the tools, frameworks and criteria used to appraise the studies or selected  | Aဆ္က်ိန်ခန်နှံal of the methodological                                     |  |
| 19<br>20<br>21                         | items  | findings (e.g. Existing tools: CASP, QARI, COREQ, Mays and Pope [25]; reviewer developed tools; describe the domains assessed: research team, study design, data analysis and interpretations, reporting)  | linging from s of included studies, Table 1,<br>CERCENT al approach        |  |
| 22<br>23<br>24<br>25                   | process  | Indicate whether the appraisal was conducted independently by more than one reviewer and if consensus was required   | p. 40, b dependently done by the three researchers and consensus achieved. |  |
| 26<br>27                               | 13. Appraisal results                                  | Present results of the quality assessment and indicate which articles, if any, were weighted/excluded based on the assessment and give the rationale   | Table 1, CERQual approach  |  |
| 28<br>29<br>30<br>31                   | 14. Data<br>extraction                                 | Indicate which sections of the primary studies were analysed and how were the data extracted from the primary studies? (e.g. all text under the headings "results /conclusions" were extracted electronically and entered into a computer software)  | Data extraction and analysis, p.10   |  |
| 32                                     | 15. Software   | State the computer software used, if any   | Nõne   |  |
| 33<br>34<br>35<br>36                   | 16. Number of reviewers                                | Identify who was involved in coding and analysis   | gies.  |  |
| 37<br>38<br>39                         | 17. Counig   | Describe the process for coding of data (e.g. line by line coding to search for concepts)  | p.10 8<br>Bi   |  |
| 39<br>40<br>41<br>42<br>43<br>44<br>45 |  | Describe how were comparisons made within and across studies (e.g. subsequent  | Table Table in supplementary appendix 3.                                   |  |
|  | comparison   | studies were coded into pre-existing concepts, and new concepts were created when deemed necessary)  | raphiqu  |  |
|  | 19. Derivation of                                      | Explain whether the process of deriving the themes or constructs was inductive or         deductive       For peer review only - http://bmjopen.bmj.com/site/about/guidelines.xhtml  | Inductive process, p.10  |  |
| 46                                     |  |  |  |  |

|  |                         | BMJ Open  | 136/bm  | Page 70 of 69 |
|--|-------------------------|---|---|---------------|
| 1  | Supplementary app       | pendix 4: PRISMA and ENTREQ checklist.  | 136/bmjopen-2021<br>cted by copyright   |               |
| 2<br>3<br>4<br>5<br>6  | 20. Quotations          | Provide quotations from the primary studies to illustrate themes/constructs, and identify whether the quotations were participant quotations of the author's interpretation | 021-Q38523 on<br>ght, i <del>n</del> cluding  |               |
| 7<br>8<br>9<br>10  | 21. Synthesis<br>output | Present rich, compelling and useful results that go beyond a summary of the primary   | Discussion, p.17-20   |               |
| 11<br>12<br>13<br>14<br>15<br>16<br>17<br>18<br>19<br>20<br>21<br>22<br>23<br>24<br>25<br>26<br>27<br>28<br>29<br>30<br>31<br>32<br>33<br>34<br>35<br>36<br>37<br>38<br>39<br>40<br>41<br>42<br>43<br>44<br>45<br>46<br>47 |                         | studies (e.g. new interpretation, models of evidence, conceptual models, analytical framework, development of a new theory or construct)                                    | ownloaded from http://bmjopen.bmj.com/ on June 11, 2025 at Agence Bibliographique de<br>ant Superieur (ABES) .<br>to text and data mining, Al training, and similar technologies. |               |

# **BMJ Open**

# Emotional Impact on Health Care Providers Involved in Medical Assistance in Dying (MAiD): A systematic review and qualitative meta-synthesis.

| Journal:                             | BMJ Open   |
|--------------------------------------|--|
| Manuscript ID                        | bmjopen-2021-058523.R1   |
| Article Type:                        | Original research  |
| Date Submitted by the Author:        | 23-Apr-2022  |
| Complete List of Authors:            | Dholakia, Saumil; Ottawa Hospital General Campus, Department of<br>Mental Health<br>Bagheri, Alireza; Lakehead University, Research affiliate Center for<br>Healthcare Ethics<br>Simpson, Alexander; Centre for Addiction and Mental Health, Chair in<br>Forensic Psychiatry |
| <b>Primary Subject<br/>Heading</b> : | Ethics   |
| Secondary Subject Heading:           | Qualitative research   |
| Keywords:                            | MEDICAL ETHICS, MEDICAL LAW, International health services < HEALTH SERVICES ADMINISTRATION & MANAGEMENT   |





I, the Submitting Author has the right to grant and does grant on behalf of all authors of the Work (as defined in the below author licence), an exclusive licence and/or a non-exclusive licence for contributions from authors who are: i) UK Crown employees; ii) where BMJ has agreed a CC-BY licence shall apply, and/or iii) in accordance with the terms applicable for US Federal Government officers or employees acting as part of their official duties; on a worldwide, perpetual, irrevocable, royalty-free basis to BMJ Publishing Group Ltd ("BMJ") its licensees and where the relevant Journal is co-owned by BMJ to the co-owners of the Journal, to publish the Work in this journal and any other BMJ products and to exploit all rights, as set out in our <u>licence</u>.

The Submitting Author accepts and understands that any supply made under these terms is made by BMJ to the Submitting Author unless you are acting as an employee on behalf of your employer or a postgraduate student of an affiliated institution which is paying any applicable article publishing charge ("APC") for Open Access articles. Where the Submitting Author wishes to make the Work available on an Open Access basis (and intends to pay the relevant APC), the terms of reuse of such Open Access shall be governed by a Creative Commons licence – details of these licences and which <u>Creative Commons</u> licence will apply to this Work are set out in our licence referred to above.

Other than as permitted in any relevant BMJ Author's Self Archiving Policies, I confirm this Work has not been accepted for publication elsewhere, is not being considered for publication elsewhere and does not duplicate material already published. I confirm all authors consent to publication of this Work and authorise the granting of this licence.

terez oni

Enseignement Superieur (ABES) Protected by copyright, including for uses related to text and data mining, AI training, and similar technologies



BMJ Open: first published as 10.1136/bmjopen-2021-058523 on 15 July 2022. Downloaded from Enseignement Superieur (AF

Protected by copyright, including for uses related

to text

(ABES

ining, Al training, and similar technologies

http://bmjopen.bmj.com/ on June 11, 2025 at Agence Bibliographique de

Title: Emotional Impact on Health Care Providers involved in Medical Assistance in Dying (MAiD): A systematic review and qualitative meta-synthesis.

Dr. Saumil Dholakia

Assistant Professor of Psychiatry, Department of Mental Health, The Ottawa Hospital General Campus, 501 Smyth Road Ottawa, ON, CANADA K1H 8L6 Email: <u>saumil.dholakia@mail.utoronto.ca</u> Telephone: 647-804-5714

# Co-authors:

Dr. Alireza Bagheri Lakehead University, Research affiliate Center for Healthcare Ethics Thunder Bay, ON, CANADA email: <u>bagheria@yahoo.com</u> Telephone: 647-823-4797

Dr. Alexander I.F. Simpson Chair in Forensic Psychiatry Centre for Addiction and Mental Health, Toronto, ON, CANADA Email: <u>Sandy.Simpson@camh.ca</u> Telephone: (416) 535-8501 Extn: 2994

Key words: Ethics-Medical, Health Personnel, Euthanasia, Right to Die.

**Word count:** 3996 (excluding title page, abstract, references, figures and tables, acknowledgement, contributory, competing interests, data-sharing and funding statements)

#### Abstract:

*Title:* Emotional Impact on Health Care Providers involved in Medical Assistance in Dying (MAiD): A systematic review and qualitative meta-synthesis.

#### Background:

Medical Assistance in Dying (MAiD) traverses challenging and emotionally overwhelming territories: Health Care Providers (HCPs) across jurisdictions experience myriad of affective responses secondary to possible tensions between normative and interwoven values, such as sanctity of life, dignity in death and dying, and duty to care.

*Objective:* To determine the emotional impact on HCPs involved in MAiD.

*Methods:* Inclusion restricted to English language qualitative research studies from 4 databases (OVID Medline, EMBASE, CINAHL, and Scopus), from beginning until April 30, 2021, and grey literature up to August 2021 were searched. Key author, citation, and reference searches were undertaken. We excluded studies without rigorous qualitative research methodology. Included studies were critically appraised using Joanna Briggs Institute Critical appraisal tool. Analysis was conducted using thematic meta-synthesis. The cumulative evidence was assessed for confidence using the Confidence in the Evidence from reviews of qualitative research (CERQual) approach.

*Results:* The search identified 4522 papers. Data from 35 studies (393 physicians, 169 nurses, 53 social workers, 22 allied healthcare professionals) employing diverse qualitative research methodologies from 5 countries were coded and analyzed. The thematic meta-synthesis showed three descriptive emotional themes — (1) Polarized emotions including moral distress (n=153), (2) Reflective emotions with MAiD as a 'sense-making process' (n=251), and (3) Professional values-driven emotions (n=352).

*Discussion:* This research attempts to answer the question- 'what it means at an emotional level', for a MAiD practitioner. Legislation allowing MAID for terminal illness only influences the emotional impact: MAiD practitioners under this essential criterion experience more polarized emotions, whereas those practicing in jurisdictions with greater emphasis on allaying intolerable suffering experience more reflective emotions. MAiD practitioner's professional values and their degree of engagement influences the emotional impact, which may help structure future support networks. English language literature restriction and absence of subgroup analyses limits the generalizability of results.

Other: Funding source: none.

Key words: Ethics-Medical, Health Personnel, Euthanasia, Right to Die.

#### Strengths and Limitations of this study:

#### Strengths:

- An eligibility criteria and subsequent search strategy that focusses on emotional impact of MAiD on HCPs with qualitative research methodology.
- Use of Joanne Brigg's critical appraisal tool for assessment of risk of bias and use of the CERQual approach for assessing the methodological limitations, relevance, coherence and adequacy of the evidence after completion of meta-synthesis.

#### Limitations:

- Qualitative signals of absence of sub-group analysis, eligibility criteria limited to published Englishlanguage literature and fast-moving pace of research on emotional impact of MAiD on HCPs likely contributes to significant publication bias.
- Generalizability of evidence limited by presence of selection bias in included studies.

# Introduction:

Medical Assistance in Dying (MAiD) poses ethically complex challenges that can be a major source of distress to participating Health Care Providers (HCPs) —especially since MAiD may involve navigating conflicting personal and professional values. These values are contextual, dynamic and often not in alignment with each other; for example, professional values of duty to care and reducing suffering in case of terminal illness through MAiD may conflict with the moral value of preserving sanctity of human life, as the later may involve forbidding any action that hastens a patient's death in the dying process (1, 2). In the context of assisted death, a HCP often has to navigate value-conflicts between respect for autonomy and patient right to self-determination vs. respect for individual human life, and human life in general. Except for Switzerland, all other countries require HCPs to be at the forefront in discussing and executing eligible requests for assisted death within their defined jurisdictions (3).

#### Assisted death in selected jurisdictions-overview and current status

The number of jurisdictions across the world with medically assisted death legislation continues to grow. Switzerland, Netherlands, Belgium, Luxemburg, Canada, besides jurisdictions in the USA (Oregon, Vermont, California, Washington State, Colorado, the district of Columbia, Hawaii, Maine and New Jersey) along side the State of Victoria, Tasmania and South Australia in Australia and Columbia in South America, and most recently Spain and New Zealand, have legalized medically assisted death in some form (3, 4). Assisted death legislations in Canada, the State of Victoria in Australia and the Benelux countries includes both assisted suicide and euthanasia. Jurisdictions in the USA and Switzerland allow only assisted suicide.

Broadly speaking, the 'Benelux' countries (<u>Belgium</u>, <u>Ne</u>therlands and <u>Lux</u>emburg) have less restrictive rules in place for MAiD than the American jurisdictions that permit this practice. For example, Benelux countries allow advanced directives, and terminal of illness is not a requirement for MAiD eligibility in Belgium and Netherlands. Jurisdictions in the USA, on the other end, have strict eligibility criteria that the

illness must be terminal and there must be some timeline to foreseeability of natural death—commonly 6 months in most jurisdictions.

Intact decision-making capacity translating to ability to give informed consent for MAiD, voluntariness of request and suffering from a terminal illness are the mainstay of the eligibility criteria for MAiD, with each criterion receiving variable emphasis, depending on the legislative jurisdiction. For example, "reasonable foreseeability of natural death" criterion was removed from Canada's MAiD eligibility criteria following recent changes in the legislation (5-8).

HCPs and MAiD—current knowledge and knowledge gaps.

From an ethics perspective, amongst the HCPs, the physician's role in providing MAiD is perhaps the most ambiguous. Historically, medicine as a profession is rooted in the ethical principle of 'first, do no harm' while providing care. While this is true, medical futility and the sense of powerlessness and loss of control at end-of-life are a reality in modern medical practice, which is often reflected as physician ambivalence to participate in MAiD (9-11).

While this sense of moral ambiguity may distance physicians from the practice of MAiD, nurses also share the complex attitudes and polarized feelings towards MAiD (12). This complexity is often due to the dual role that nurses play in most health care systems around the world: on one end, they act as a strong advocate for patient's wishes, whereas on the other end, they only have a supportive role in medical decision-making process. A recent synthesis of qualitative studies describing registered nurses' experiences with MAiD from Belgium, the Netherlands, and Canada showed that while the nurses played a central role in providing important 'wrap-around' care for patients and family, their participation in MAiD required significant moral work (13).

A recent scoping review exploring the challenges faced by HCPs while handling MAiD requests found lack of clear guidelines/protocols, role ambiguity, difficulties in evaluating capacity/consent, conscientious

objection, lack of inter-professional collaboration and difficulties in assessing nature and severity of suffering as major barriers in developing comprehensive care models for implementation of MAiD (14). Furthermore, the scoping review also pointed out that HCPs need substantial degree of time and emotional commitment to participate in a MAiD request. A scoping review and thematic meta-synthesis of qualitative studies exploring HCPs' attitudes towards assisted death practices in Belgium, Netherlands, Israel, Australia, Germany and the USA showed that their attitudes were shaped by a deep sense of moral responsibility and contextual care-relationships (15).

This empirical evidence provides valuable insights on experiences and attitudes of HCPs towards MAiD; however, the nature and extent of emotional impact remains unexplored. Preliminary evidence suggests that the shift away from the medicine's fundamental values of cure/control of disease to hastening death with the aim of alleviating intolerable suffering can have significant emotional effects on participating HCPs. These can range from feeling overwhelmed with a sense of powerlessness on one end, to a rewarding and a positive experience on the other (16, 17).

Objectives: To determine the emotional impact on HCPs involved in MAiD.

# Methods:

#### Search strategy, screening and eligibility criteria:

The inclusion and exclusion criteria were developed in line with SPIDER (Sample, Phenomenon of Interest, Design, Evaluation, Research type) (18). In order to ensure qualitative richness of themes, we included all qualitative research studies and excluded surveys, personal anecdotes, attitudes and experiences without in-depth qualitative analysis published on this topic.

*Relevant definitions:* For the sake of this review, we define a Health Care Provider as a person "lawfully entitled under the law of a province to provide health services in the place in which the services are

provided by that person"(19). This definition includes pharmacists, nurses, nurse practitioners, social workers, spiritual health practitioners, psychotherapists and clinical psychologists who are legally authorized to practice within their respective scope of practice. We included 'Assisted suicide assistant' and provider in 'Right to die' societies in Switzerland as unique MAiD care-providers who contact the eligible participant and liaise with the physician and pharmacist in the conduct of MAiD.

For the sake of this review, the term 'MAiD' refers to (20):

- a. The administering by a physician or nurse practitioner of a substance to a person, at their request, that causes their death (euthanasia); and/ or
- b. The prescribing or providing by a physician or nurse practitioner of a substance to a person at their request, so that they may self-administer the substance and in doing so cause, their own death (assisted suicide). elie,

Eligibility criteria:

- 1) Includes worldwide published literature on the research question in English language, inclusive of all age groups; articles published up to April 30, 2021.
- 2) Includes all qualitative studies evaluating the emotional impact through qualitative research methodologies like grounded theory, semi-structure interviews, narrative inquiry or others, and describes/mentions:
  - 'HCPs' and 'MAiD' as defined above а

#### **BMJ** Open

- b. The emotional impact on HCPs in terms of emotions /affective responses experienced or expressed while accessing, discussing, participating or caring for the patient who has made a valid MAiD request.
- 3) Excludes case studies, anecdotes or studies without a description or mention of a rigorous qualitative research methodology.

# Search strategy:

An iteratively developed search strategy was developed and piloted with the help of 3 librarians with expertise in systematic review search strategies. Considering the inter-disciplinary nature of the objective, the search strategy was conducted on OVID Medline), CINAHL, EMBASE and SCOPUS databases. The search terms included three main domains—MAiD, HCPs and qualitative research methodology and their synonyms. Full search strategy on the 4 databases is available in supplementary appendix 1.

In addition to database searches, the study team conducted a grey literature search (21) which was informed by search methods outlined by Godin et al (22), using the same search terms and their synonyms. Grey literature was retrieved between December 10, 2018, and March 1, 2019, and updated on August 10, 2020, and August 10, 2021, from:

- (1) Databases including Google scholar, the Canadian electronic library and the Canadian Institute for Health Information and
- (2) OpenGrey, BASE (Bielefeld Academic Search Engine) and the OAIster catalogue of open access resources that includes digital thesis sources like the WorldCat.

The grey literature search strategy and results are included in supplementary appendix 1. For the purpose of feasibility, reports from the year 2000 and beyond were retrieved. In addition, backward citation tracking was conducted by hand searching the reference lists of all included papers.

BMJ Open: first published as 10.1136/bmjopen-2021-058523 on 15 July 2022. Downloaded from http://bmjopen.bmj.com/ on June 11, 2025 at Agence Bibliographique de l Enseignement Superieur (ABES).

data mining, AI training, and similar technologies

Protected by copyright, including for uses related to text and

#### Study selection process:

All identified records were imported into the reference management software, Zotero and duplicates removed by the lead researcher (SD). 20% of the title and abstracts of peer reviewed records were independently screened by two reviewers (AS and AB) based on the eligibility criteria; SD screened the remaining 80% for eligibility and reviewed the results with AS and AB in regular team meetings. Given that a substantial portion of grey literature did not include abstracts, the grey literature screening process was initiated at the full-text phase. SD consulted the keywords of yielded academic records if the title and abstract lacked clarity in relation to core concepts and reviewers AB and AS independently assessed any records for any discrepancy and/or uncertainty regarding their inclusion. The researchers met at the beginning, middle and end of the screening process to ensure consistency. SD, AS and AB independently screened the full texts of the academic and grey literature, applying the same inclusion and exclusion criteria in successive team meetings to resolve any discrepancies.

Patient and Public involvement: No patients involved.

Assessment of risk of bias:

We used the Joanna Briggs Institute Critical appraisal tool for use in systematic reviews: checklist for qualitative research to critically appraise the included studies over 10 constructs. These constructs range from congruency to philosophical construct to theoretical and cultural location of the researcher (23). The results of the assessment of risk of bias were independently reviewed by AB and AS and are presented in detail in supplementary appendix 2.

The search results and reasons for exclusion at each stage of screening were recorded and represented in the adapted Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA) flow diagram in Figure 1.

BMJ Open: first published as 10.1136/bmjopen-2021-058523 on 15 July 2022. Downloaded from http://bmjopen.bmj.com/ on June 11, 2025 at Agence Bibliographique de Enseignement Superieur (ABES) . Protected by copyright, including for uses related to text and data mining, Al training, and similar technologies.

#### 

### **Data Analysis:**

#### Data Extraction and Data analysis:

We adopted a thematic synthesis approach to analyze and synthesize data. Thematic synthesis is an adaptation of thematic analysis and provides a set of established methods and techniques that help synthesize qualitative research outcomes, especially when there is heterogeneity in the outcome variables (24). This approach is especially useful in our case since it enables us to examine the meaning, significance and social constructions around the emotional experience of a HCP involved in MAiD. SD independently coded each line of text according to its meaning and content. Codes were listed as 'free' codes, without any hierarchical structure. AB and AS cross-checked the coded data for any discrepancy. Subsequent thematic synthesis was done by SD, AB and AS in the following 2 stages:

#### Stage 1: Identifying the similarities between the codes.

All relevant qualitative data from the selected studies were extracted manually from the results, discussion and conclusion section and are represented in Table 2 of supplementary appendix 3. The codes were inductively grouped into descriptive themes so that patterns could be identified.. The use of line-by-line coding enabled us to undertake translation of concepts from one study to another. Based on the similarities and differences of emerging codes, descriptive themes were generated, and each theme was entered as boxes and codes from each study illustrated in those boxes, so that constant comparison analysis process could be done (see Table 3 in supplementary appendix 3).

Stage 2: Development of analytic themes.

In this last stage, the descriptive themes were further interpreted using reciprocal translation and constant comparison methods to develop analytic themes. At this stage, the meaning of the patterns of

BMJ Open: first published as 10.1136/bmjopen-2021-058523 on 15 July 2022. Downloaded from http://bmjopen.bmj.com/ on June 11, 2025 at Agence Bibliographique de l Enseignement Superieur (ABES) . Protected by copyright, including for uses related to text and data mining, Al training, and similar technologies.

#### **BMJ** Open

the descriptive themes was analyzed against the research question so that a narrative component could be developed.

Once thematic synthesis was completed, each researcher independently evaluated the cumulative evidence from individual studies for methodological limitations, relevance, coherence and adequacy using the Confidence in the Evidence from reviews of qualitative research (CERQual) approach (see table 1) (25).

All researchers met during regular research-review meetings to resolve any discrepancies and achieve consensus over the assessment.

This systematic review was a part of an academic capstone project and was not registered with any international database. The review protocol is available from the research team on request.

In addition to employing the PRISMA Checklist for systematic reviews, we used the Enhancing transparency in reporting the synthesis of qualitative research (ENTREQ) checklist to improve the reporting of our meta-synthesis (see supplementary appendix 4).

#### **Results:**

#### Characteristics of included studies:

35 qualitative research studies were included in the review. The included literature was based in 5 countries: The United States of America [7], The Netherlands [9], Canada [14], Belgium [1], Switzerland [3], and one study was an international study with participants from the United States of America and Netherlands. The data included 393 physicians, 169 nurses, 53 social workers in hospice care, 11 allied health care professionals (7 personal support workers, 1 pharmacist, 1 genetic technologist and 2 psychologists) and 8 directors of socio-medical institutions and 3 socio-cultural animators (applied sociologists who work along side communities at grass roots to develop and facilitate programs that

#### **BMJ** Open

| support act      | tion for local and social change). A detailed description of the included studies is included in        |
|------------------|---|
| Table 2 of s     | supplementary appendix 3.   |
| Thematic s       | ynthesis:   |
| Stage 1: De      | escriptive themes:  |
| Three desc       | riptive emotional themes were derived from the thematic synthesis:                                      |
| <u>Dimension</u> | <u>1: Strong, internalized and polarized emotions (studies referenced 26-36)</u> : These included three |
| subordinat       | e categories/genres of:   |
| •                | Positive emotions of 'reward', 'relief', 'active openness', 'overwhelming but uplifting' feelings;      |
| •                | Negative emotions of 'powerlessness', 'guilt', 'emotional exhaustion', 'vicarious suffering' and        |
|                  | fear of a slippery slope and losing control and   |
| Individual o     | conscience-based emotions of 'moral shudder' and moral distress. This emotional dimension               |
| was strong       | gly embedded in the cultural and political milieu and the interpersonal communication                   |
| strategies ι     | used by the HCP.  |
| Dimension        | 2: Reflective, discourse-based emotions (studies referenced 26,30,36,37-45): These included             |
| emotions o       | of 'growing with the patient's experience', MAiD as a 'sense-making process', 'de-tabooing the          |
| philosophic      | cal meaning of death through MAiD' and various degrees of 'dynamic conflict' secondary to a             |
| reflective s     | sense of insecurity. These emotions were descriptively laid on a platform of 'interpretative            |
| therapeutio      | c engagement', where they seemed to aid in the larger philosophical and societal discourse              |
| around MA        | viD (46).   |

Dimension 3: Emotions that resonate with professional values (studies referenced 28,30,34,39,47-61): These included emotions that resonated with professional values like 'competency and perfection',

'intimate care', 'colloque singuliar' (singular language of trust and conscience in context of therapeutic

relationship) and various degrees of commitment ranging from 'contractual' to 'sacrificial'.

Table 1 illustrates some of the quotes demonstrating of the descriptive emotional themes.

# Table 1: Descriptive themes and illustrative quotes:

| Descriptive   |                       | Illustrative quotes  | Country/Reference                                |
|---|-----------------------|--|--|
| Theme   |                       |  |  |
| Strong,<br>internalized,<br>and polarized<br>emotion<br>theme | Positive<br>emotions. | I think when you see the patients that we<br>see, it's very clear that you're doing an<br>incredible service. And that's wonderful.<br>There isn't a single moment when I<br>see these patients that I don't think, "Oh<br>my God, I'm so happy to be here to help<br>you." So that's tremendously   | Canada/Shaw et al., 2018<br>p.e397.              |
|   |                       | reinforcing"   |  |
|   | Negative<br>emotions  | "It was terribly creepy, I never went<br>anywhere with as much lead in my shoes as<br>that morning when I took my bag with the<br>medication in it (T, male)."   | Netherlands/ van Marwijk H<br>et al. 2007, p611. |
|   | Moral distress        | "There is just a standard that I have. I<br>could not live with myself if I knew that<br>I broke one of the Ten Commandments.<br>I don't feel that I have the right to do<br>that. I will say that there have been times<br>when I would have liked to do that<br>And there have been times when I've<br>thought about it, and maybe I got right<br>up to the edge. But I wouldn't – I<br>couldn't go over the line" | USA/Judith Schwarz, 2004<br>p.229                |
| Reflective emo  | tion's theme          | "I shy away from saying suicide or<br>euthanasia. The act of it, however we name<br>it, calls for the most profound respect as<br>the consequence is that a heart stop<br>beating, lungs stop breathing, forever. I am<br>working and sense making as I go along,<br>being sure that I keep breathing."  | Canada/ Beuthin R., 2018<br>p1684                |
| Professional values-driven emotional theme                    |                       | "Patients have the right to make as many<br>decisions as they are able to make for<br>themselves, and we respect those even<br>though they may not be the same decisions<br>that we might make and we will   |  |

| advocate for the patients to get them<br>whatever they want I believe in self-<br>determination, but I think it's (PAS) a sad<br>commentary on our society." (Social |  |
|--|--|
| Worker)  |  |

#### Stage 2: Analytic themes

Analytic themes in thematic synthesis typically 'go beyond' the findings of the primary studies and generate additional concepts, understandings or hypothesis. At this stage, we used the descriptive themes to answer the review question as to how and why did the HCPs participating in MAiD experience such complex emotions. Each reviewer, initially independently and then as a group, inferred the factors that likely influence the experience of the descriptive themes by questioning how HCPs participating in MAiD represent themselves, or their emotions in the context of their larger health care environment. This process was repeated until the new themes were sufficiently abstract to explain all our initial descriptive themes. Altogether, this process resulted in generation of 2 analytical themes:

1. Legislative emphasis on terminal illness as a necessary inclusion criterion for MAiD influences the emotional impact: In jurisdictions that legislate MAiD with the central aim to alleviate intolerable suffering in context of terminally ill medical conditions (example the USA), the HCPs experience strong polarized emotions that are modulated by their individual cultural/religious background. The extent of emotional impact ranges from positive emotions of reward/relief on one end, to negative (burden, emotional exhaustion) and conscientious based moral distress on the other. This is in sharp contrast to the emotional impact on HCPs in jurisdictions that legislate MAiD with an emphasis on alleviating intolerable suffering without terminal illness being a necessary requirement (for example Benelux countries, Switzerland, and more recently, Canada). The HCPs in these jurisdictions experience the emotional impact of MAiD as a 'sense-making' process—this

| 2                   | 2                             |  |
|---------------------|-------------------------------|--|
| 3                   | <sup>3</sup> Table 2: Grading | of Recommendations, assessment, development and evaluation (GRADE) Confidence                        |
| 4<br>5<br>6         |                               | of reviews of Qualitative Research (CERQual) evidence profile  |
| 7 <sup>'</sup><br>8 | 7 <sup></sup>                 | allows them to reflect on the emotional dissonance between basic emotions and emotions that          |
| 9<br>1              | 9<br>10                       | conform to legislative rules.  |
| 1                   | 11<br>12 :<br>13              | 2. Values associated with the HCPs' profession and their degree of engagement in the MAiD process    |
| 1                   | 14<br>15                      | are strong influential factors that shape the emotional impact of MAiD. For example, because of      |
| 1                   | 16<br>17<br>18                | their everyday involvement with patients and emphasis on professional values of helping others,      |
| 1                   | 19<br>20                      | compassion and patient advocacy, the emotional impact on nurses involved in MAiD (studies            |
| 2<br>2              | 21<br>22                      | referenced 28, 30, 34-36, 39, 41, 42, 45, 53, 55, 57, 60, 61) demonstrated strong, polarized         |
| 2                   | 23<br>24<br>25                | positive as well as negative emotions. As one nursing participant noted, "it's the hardest nursing.  |
| 2                   | 26<br>27                      | I've worked [in the emergency department], I've worked medicine floor, this is the hardest nursing   |
| 2                   | 28<br>29                      | there is, having somebody pass away, you actually feel something pulled out of you when that         |
| 3                   | 30<br>31                      | person passes. There's something missing If you take care of somebody for an extended time           |
| 3                   | 32<br>33<br>34                | and they pass away, you just feel, I just feel coldness, or whatever. You just feel drained (36,     |
| 3                   | 35<br>36                      | p57).  |
| 3                   | 38                            | raising the quality of evidence-the GRADE CERQual approach:  |
| 4                   | 39<br>40 Evid<br>41           | ence from qualitative evidence syntheses is increasingly incorporated into decision-making processes |
| 4                   | 42 and<br>43                  | the GRADE CERQual approach allows the user to make a transparent assessment of how much              |
| 4                   | 45                            | idence decision-makers and other users can place in individual review findings from syntheses of     |
| 4                   | 46 qual<br>47<br>48 .         | itative evidence. In order to ascertain the degree of confidence, we graded the evidence in terms of |
| 4                   | 49 adeo<br>50                 | quacy, relevance, coherence as well as methodological limitations using the GRADE CERQual approach   |
| 5<br>5              | 51 (25).<br>52                | Table 2 illustrates a summary of the findings and the GRADE CERQual profile.                         |
|                     | 53<br>54                      |  |
| 5                   | 55                            |  |
|                     | 56<br>57                      |  |
|                     | 58                            |  |

1

59

60

For peer review only - http://bmjopen.bmj.com/site/about/guidelines.xhtml

| Summary finding   | Studies<br>contributing<br>substantially to<br>the summary<br>theme (studies<br>numbered as<br>per Table 2 in | Methodological<br>Limitations  | Coherence   | Adequacy   | Relevance  | CERQual<br>GRADE<br>evidence | Explanation of<br>CERQual<br>assessment  |
|---|---|--|---|--|--|------------------------------|--|
| 2   | supplementary appendix 3)   | Minor  | Moderate  | Minor  | No or verv   | High                         | Variability in   |
| HCPs<br>experienced<br>strong,<br>internalized,<br>often polarized<br>and deeply<br>personal basic<br>semotions that<br>were modulated<br>by the HCP's<br>cultural and/or<br>preligious<br>background.<br><b>Level embedded</b> :<br>cultural/religious | 1,2,3,5,13,18,<br>19,21,<br>24,26,28.   | methodological<br>limitations<br>concerning<br>location of the<br>researcher<br>theoretically/<br>culturally, And<br>influence of<br>the researcher<br>on the research<br>and vice versa     | concerns<br>regarding<br>coherence                        | concerns<br>regarding<br>adequacy                        | No or very<br>minor<br>concerns<br>regarding<br>relevance  | High                         | experiences of<br>participants<br>posed a<br>challenge with<br>respect to<br>coherence,<br>however, this<br>also added to<br>the richness<br>of results.<br>Hence, we<br>have graded<br>the<br>confidence in<br>quality of |
| Influenced by the<br>socio-political<br>environment as<br>well as the social<br>discourse on<br>suffering and<br>death, HCPs<br>shared emotions<br>of personal<br>growth/sense-<br>making and<br>relational<br>experiences of                           | 2,5,6,8,11,14,<br>23,25, 28,30,<br>32, 34.  | Moderate/min<br>or<br>methodological<br>limitations<br>concerning<br>location of the<br>researcher<br>theoretically/<br>culturally, and<br>influence of<br>the researcher<br>on the research | No or very<br>minor<br>concerns<br>regarding<br>coherence | No or very<br>minor<br>concerns<br>regarding<br>adequacy | No or very<br>minor<br>concerns<br>regarding<br>relevance. | High                         | Paper 6 did<br>not approach<br>the ethics<br>committee<br>and hence<br>does not have<br>ethics<br>committee<br>approval.<br>Apart from<br>this study, all<br>studies in this<br>group                                      |

| No or very<br>minor minor<br>concerns concerns<br>regarding regarding<br>adequacy relevance | minor<br>concerns<br>regarding<br>coherence |
|---|---|

|          |  |  |  | down our                             |
|----------|--|--|--|--------------------------------------|
|          |  |  |  | confidence in                        |
|          |  |  |  | the quality of                       |
|          |  |  |  | the quality of findings to moderate. |
|          |  |  |  | moderate.                            |
| <b>`</b> |  |  |  |                                      |

#### Discussion:

Difference in MAiD legislation in Benelux and Non-Benelux countries-key features:

The substantive and procedural requirements for MAiD across global jurisdictions rests on 3 main pillars: patients' right for self-determination expressed through voluntariness of request and a valid, informed consent process, foreseeableness of natural death due to terminal medical illness and subjective nature of individual suffering (62,63). The key difference between the legislations for MAiD in Benelux countries and countries like the USA is the differential emphasis on eminent or foreseeableness of death. The MAiD legislations in Belgium, Netherlands, Switzerland, and, more recently Canada have a more permissive legal framework that allows people to access MAiD as a service to end their intolerable suffering that has no prospect of improvement but is not necessarily terminal.

MAiD Legislation and its shaping effect on the emotions of the involved HCP:

An important take home message from this evidence synthesis is how legislations have a shaping effect on emotional responses. The HCPs who practice in the Benelux countries and Switzerland seem to experience more reflective emotions over strong polarizing emotions expressed by HCPs who practice in non-Benelux countries like the USA. Canada seems to have a unique, transitional position—with the emphasis of the legislation going the Benelux countries' way, the HCPs emotional experiences show a mixture of emotions driven by their professional values as well as the ongoing societal discourse on MAiD. This observation conforms to Michel Foucault's position on how law acts as an element in the expansion

BMJ Open: first published as 10.1136/bmjopen-2021-058523 on 15 July 2022. Downloaded from http://bmjopen.bmj.com/ on June 11, 2025 at Agence Bibliographique de l Enseignement Superieur (ABES) . Protected by copyright, including for uses related to text and data mining, Al training, and similar technologies.

#### **BMJ** Open

of power(s) (64); legislatures along with other platforms of knowledge expression modulate every fiber of human society. Our thematic synthesis points out that the Law that limits application of MAiD to terminally illnesses provide for a broader range of emotional expression. Thus, legislation on MAiD across the globe provides the HCP with a locus of administrative control which then decides how the emotional discourse around MAiD is shaped; the question is—*how* do we want the *emotional discourse* around MAiD to be shaped?

MAiD legislation, societal values, and emotional impact on the involved HCP: A complex relationship.

On one end, attitudes of physicians towards MAiD has shown reflective trends to legislative standards; countries like Belgium and Netherlands find much stronger physician support than their USA counter parts (65). On the other end, public support towards MAiD has been reflective of the prevailing societal cultural and religious practices; central and eastern European countries have shown a decline in support with corresponding increase in religiosity as opposed to western European countries (66,67). While an assisted-death legislation with its rules and safeguards provides an obligatory, 'top-down' framework to embed MAiD within health care, it does not necessary reflect the integration of MAiD within the value-based relationships that have traditionally defined an individual's health care (68). Hence, although a MAiD legislation to integrate MAiD into health care is a likely reflection of a consensus position of a society, it does challenge the moral environments within which HCPs practice medicine, thereby influencing the emotional impact on HCP. HCPs subsequent attempt to align themselves with their own professional values, legislative standards and public perceptions can lead to intense emotional responses, both, within their internal, personal and their external professional spaces.

Emotional discourse amongst HCPs involved in MAiD: HCP role and ethics of Care

#### **BMJ** Open

The right to choose when and how to die has always been a contentious issue across various societies (69-71). Public discourse on MAiD are shaped through societal emphasis on individual as well as contextual factors associated with assisted death—these often range from religious beliefs regarding sanctity of human life and personal meaning of death to loss of autonomy associated with illness-related intolerable suffering. With advancing medical technologies, the potential to prolong life has increased significantly (72,73), and the HCPs assumes a central position to shape the discourse around assisted death.

In countries where MAiD is legalized but is restricted to terminal illnesses with imminent chance of death, the position of a HCP continues to be one that of a provider of 'Care'. Here, the moral dimension of 'Care' continue to be defined as 'everything we do to maintain, continue or repair our world so that we can live in it as well as possible' (74). The value of care in health care systems have been traditionally associated with attentiveness, responsibility, nurturance, compassion and meeting others' needs (75). While emotional responses to legal requests of hastening death is affected by policies, professional identity, commitment to patient autonomy, personal values and beliefs, the patient-clinician relationship and will vary on a case-by-case basis (76), this systematic review raises an important question—How does legalizing MAiD with emphasis on alleviating intolerable suffering without the context of a terminal illness change the moral dimensions of Care?

#### Conclusion:

HCPs involved in MAiD experience a myriad of emotions that includes positive/negative emotions, reflective, 'sense-making' emotions and/or professional value driven emotions. Emphasis on terminal illness only as an essential criterion, MAiD practitioner's individual professional values and their degree of engagement influence this rich and diverse emotional discourse.

#### Limitations of the review:

BMJ Open: first published as 10.1136/bmjopen-2021-058523 on 15 July 2022. Downloaded from http://bmjopen.bmj.com/ on June 11, 2025 at Agence Bibliographique de l Enseignement Superieur (ABES) . Protected by copyright, including for uses related to text and data mining, Al training, and similar technologies.

#### **BMJ** Open

This review is limited by its focus of emotional impact on HCPs only and the obvious selection bias in the included studies—those who could and volunteered to express their emotions are represented in the review. The review is also limited with absence of sub-group analysis with respect to HCPs' age, years of experience and the influence of gender on the results. Restriction to English language studies likely carries a high risk of publication bias.

There are several gaps in our understanding of the emotional impact on HCPs involved in MAiD that would benefit from further research. Intolerable suffering is a common eligibility requirement for assisted death, although HCPs often struggle to understand and assess the nature and normative function of suffering. Is it the very nature of the emotional tone of suffering which is overwhelming or is it more to do with what lies underneath that makes suffering 'intolerable'? Is there room for humanistic narratives around meaning behind and endurance of one's suffering? Such questions confront MAiD practitioners and an indepth exploration of this nebulous concept of intolerable suffering in context of assisted death may help HCPs navigate their emotional experience while providing MAiD.

**Ethics statement**: This is a systematic review and meta-synthesis of already published and accessible research data and does not require ethics committee or Institutional board approval.

Acknowledgements: The authors acknowledge the valuable contribution of Erica Lenton, Heather Cunningham (Library services, Gerstein's library, University of Toronto) and Fiona Inglis (Library services, Center for Addiction and Mental Health, University of Toronto) for consultations and assistance with devising the search strategy.

**Contributorship Statement**: The authors confirm contribution to this systematic review and metasynthesis as follows:

• study conception and design: Dr. Saumil Dholakia, Dr. Alireza Bagheri, Dr. Alexander Simpson.

#### **BMJ** Open

|            |  | 22  |
|------------|--|-----|
| • d        | levelopment of eligibility criteria: Dr. Saumil Dholakia, Dr. Alireza Bagheri and Dr. Alexander  |     |
| S          | impson.  |     |
| • SI       | earch strategy developed by Erica Lenton, Heather Cunningham (Library services, Gerstein's       |     |
| li         | ibrary, University of Toronto) and Fiona Inglis (Library services, Center for Addiction and Ment | al  |
| Н          | Health, University of Toronto) in close consultation with Dr. Saumil Dholakia and reviewed by I  | ٦r. |
| А          | Alireza Bagheri and Dr. Alexander Simpson.   |     |
| • S        | itudy selection and data extraction process by Dr. Saumil Dholakia and independently reviewe     | d   |
| b          | by Dr. Alireza Bagheri and Dr. Alexander Simpson.  |     |
| • D        | Dr. Saumil Dholakia performed the assessment of risk of bias, which was independently            |     |
| r          | eviewed by Dr. Alireza Bagheri and Dr. Alexander Simpson.  |     |
| • A        | All three authors were involved equally in performing the qualitative meta-synthesis and         |     |
| С          | CERQual assessment.  |     |
| • D        | Draft manuscript preparation: Dr. Saumil Dholakia with multiple reviews, feedback and edits in   | I   |
| fo         | orm as well as content by Dr. Alireza Bagheri and Dr. Alexander Simpson.                         |     |
| • A        | All authors reviewed the results and approved the final version of the manuscript.               |     |
| Competir   | ng interests: The authors disclose no competing interests.                                       |     |
| Funding /  | Acknowledgment: This research received no specific grant from any funding agency in the          |     |
| public, co | ommercial, or not-for-profit sectors.  |     |
| Data sha   | ring: Data set "Codes and themes-qualitative analysis_MAiD_HCP_emotional impact"                 |     |
| submitte   | d and published at ZENODO and is available at DOI: 10.5281/zenodo.6778236                        |     |
| No unput   | blished data.  |     |
|            |  |     |
|            |  |     |

BMJ Open: first published as 10.1136/bmjopen-2021-058523 on 15 July 2022. Downloaded from http://bmjopen.bmj.com/ on June 11, 2025 at Agence Bibliographique de I Enseignement Superieur (ABES) . Protected by copyright, including for uses related to text and data mining, Al training, and similar technologies.

Page 24 of 84

# **References:**

- Simpson AIF. Medical Assistance in Dying and Mental Health: A Legal, Ethical, and Clinical Analysis. *Can J Psychiatry*. 2018; 63(2):80-84. doi:10.1177/0706743717746662
- Incardona N, Bean S, Reel K, Wagner F. An ethics-based analysis and recommendations for implementing physician assisted dying in Canada. Toronto: Joint Centre for Bioethics, University of Toronto. February 3, 2016. Available: http://jcb.utoronto.ca/news/documents/JCB-PAD-Discussion-Paper-2016.pdf
- Nicol, Julia. Medical Assistance in Dying. The Law in Selected Jurisdictions outside Canada. Ottawa,
   ON, CA: Library of Parliament Research Publications; 2020. https://www.deslibris.ca/ID/10103256
- Aser García Rada. Spain will become the sixth country worldwide to allow euthanasia and assisted suicide. BMJ 2021; 372. doi: https://doi.org/10.1136/bmj.n147
- C-14 (42-1) Royal Assent An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying) - Parliament of Canada. (2016). http://www.parl.gc.ca. Retrieved Jan 23, 2021, from http://www.parl.ca/DocumentViewer/en/42-1/bill/C-14/royalassent
- First Annual Report on Medical Assistance in Dying, 2019. Ottawa: Health Canada; July 2020. Available from: https://www.canada.ca/en/health-canada/services/medical-assistance-dyingannual-report-2019.html

#### **BMJ** Open

7. Proposed changes to Canada's medical assistance in dying legislation. Department of Justice (December 2020). Retrieved from https://www.justice.gc.ca/eng/csj-sjc/pl/ad-am/index.html 8. Second Annual Report on Medical Assistance in Dying in Canada 2020. Ottawa: Health Canada; https://www.canada.ca/en/health-canada/services/medical-June 2021. Available from: assistance-dying/annual-report-2020.html 9. Hurley R. A doctor who chose an assisted death. BMJ. 2015 Aug 19;351:h4385. doi: 10.1136/bmj.h4385. 10. Varelius J. Voluntary euthanasia, physician-assisted suicide, and the goals of medicine. J Med Philos. 2006 Apr;31(2):121-37. doi: 10.1080/03605310600588665. 11. Laura Eggertson. Most palliative physicians want no role in assisted death. CMAJ Apr 2015, 187 (6) E177; DOI: 10.1503/cmaj.109-5003. 12. Berghs M, Dierckx de Casterlé B, Gastmans C. The complexity of nurses' attitudes toward the literature. Med Ethics. euthanasia: а review of 2005;31(8):441-446. doi:10.1136/jme.2004.009092 13. Pesut B, Thorne S, Greig M, Fulton A, Janke R, Vis-Dunbar M. Ethical, policy, and practice implications of nurses' experiences with assisted death: a synthesis. Adv Nurs Sci. 2019;42(3):216-30. 14. Fujioka JK, Mirza RM, McDonald PL, Klinger CA. Implementation of Medical Assistance in Dying: A Scoping Review of Health Care Providers' Perspectives. J Pain Symptom Manage. 2018 Jun;55(6):1564-1576.e9. doi: 10.1016/j.jpainsymman.2018.02.011. Epub 2018 Feb 23. 15. Brooks L. Health Care Provider Experiences of and Perspectives on Medical Assistance in Dying: A Scoping Review of Qualitative Studies. Can J Aging Rev Can Vieil. 2019 Jan 10;1–13.

- 16. Stevens KR Jr. Emotional and psychological effects of physician-assisted suicide and euthanasia on participating physicians. Issues Law Med. 2006 Spring;21(3):187-200.
- Haverkate I, van der Heide A, Onwuteaka-Philipsen BD, van der Maas PJ, van der Wal G. The emotional impact on physicians of hastening the death of a patient. Med J Aust. 2001 Nov 19;175 (10):519-22. doi: 10.5694/j.1326-5377.2001.tb143707.x
- Cooke A, Smith D, Booth A. Beyond PICO: The SPIDER Tool for Qualitative Evidence Synthesis. Qual Health Res [Internet]. 2012 Oct [cited 2019 Apr 2];22(10):1435–43. Available from: http://journals.sagepub.com/doi/10.1177/1049732312452938
- 19. Canada Health Act (R.S.C.,1985, c. C-6). Justice Law Website. Government of Canada (2017). Retrieved from https://laws-lois.justice.gc.ca/eng/acts/c-6/page-1.html
- 20. Government of Ontario Ministry of Health and Ministry of Long Term Care Medical Assistance in Dying [Internet]. [cited 2019 Aug 6]. Available from: http://health.gov.on.ca/en/pro/programs/maid/#maid
- 21. Paez A. Gray literature: An important resource in systematic reviews. J Evid Based Med. 2017 Aug;10(3):233-240. doi: 10.1111/jebm.12266
- 22. Godin K, Stapleton J, Kirkpatrick SI, Hanning RM, Leatherdale ST. Applying systematic review search methods to the grey literature: a case study examining guidelines for school-based breakfast programs in Canada. Syst Rev. 2015 Oct 22;4:138. doi: 10.1186/s13643-015-0125-0.
- 23. Critical Appraisal Checklist for Qualitative Research. Joanne Briggs Critical Appraisal Tools (2017). Retrieved from https://joannabriggs.org/critical-appraisal-tools
- 24. Lockwood C, Munn Z, Porritt K. Qualitative research synthesis: methodological guidance for systematic reviewers utilizing meta-aggregation. Int J Evid Based Healthc. 2015 Sep;13(3):179–87.

#### **BMJ** Open

- 25. Lewin S, Booth A, Glenton C, Munthe-Kaas H, Rashidian A, Wainwright M, et al. Applying GRADE-CERQual to qualitative evidence synthesis findings: introduction to the series. Implement Sci [Internet]. 2018 Jan 25 [cited 2018 Dec 6];13(1):2. Available from: https://doi.org/10.1186/s13012-017-0688-3
  - 26. Voorhees JR, Rietjens JA, van der Heide A, Drickamer MA. Discussing physician-assisted dying: physicians' experiences in the United States and the Netherlands. Gerontologist. 2014 Oct;54(5):808-17. doi: 10.1093/geront/gnt087. Epub 2013 Sep 2.
  - 27. van Marwijk H, Haverkate I, van Royen P, The AM. Impact of euthanasia on primary care physicians in the Netherlands. Palliat Med. 2007 Oct;21(7):609-14. doi: 10.1177/0269216307082475.
  - 28. Denier Y, Dierckx de Casterlé B, De Bal N, Gastmans C. "It's intense, you know." Nurses' experiences in caring for patients requesting euthanasia. Med Health Care Philos. 2010 Feb;13(1):41-8. doi: 10.1007/s11019-009-9203-1. Epub 2009 Apr 18.
  - Georges JJ, The AM, Onwuteaka-Philipsen BD, van der Wal G. Dealing with requests for euthanasia: a qualitative study investigating the experience of general practitioners. J Med Ethics.
     2008 Mar;34(3):150-5. doi: 10.1136/jme.2007.020909.
- 30. Dolores Angela Castelli Dransart, Elena Scozzari & Sabine Voélin (2017) Stances on Assisted Suicide by Health and Social Care Professionals Working With Older Persons in Switzerland, Ethics & Behavior, 27:7, 599-614, DOI: <u>10.1080/10508422.2016.1227259</u>
- 31. Otte IC, Jung C, Elger B, Bally K. "We need to talk!" Barriers to GPs' communication about the option of physician-assisted suicide and their ethical implications: results from a qualitative study. Med Health Care Philos. 2017 Jun;20(2):249-256. doi: 10.1007/s11019-016-9744-z.

- 32. Shaw J, Wiebe E, Nuhn A, Holmes S, Kelly M, Just A. Providing medical assistance in dying: Practice perspectives. Can Fam Physician. 2018 Sep;64(9):e394-e399
- 33. Bouthillier ME, Opatrny L. A qualitative study of physicians' conscientious objections to medical aid in dying. Palliat Med. 2019 Oct;33(9):1212-1220. doi: 10.1177/0269216319861921. Epub 2019 Jul 8
- Bruce A, Beuthin R. Medically Assisted Dying in Canada: "Beautiful Death" Is Transforming Nurses'
   Experiences of Suffering. Can J Nurs Res. 2019 Jun 12:844562119856234. doi: 10.1177/0844562119856234
- Buchbinder M, Brassfield ER, Mishra M. Health Care Providers' Experiences with Implementing Medical Aid-in-Dying in Vermont: a Qualitative Study. J Gen Intern Med. 2019 Apr;34(4):636-641. doi: 10.1007/s11606-018-4811-1. Epub 2019 Jan 25.
- Sheridan, Laura, "When Patients Ask to Die: The Role of Nurses in Medical Assistance in Dying" (2017). Electronic Thesis and Dissertation Repository. 5041. <u>https://ir.lib.uwo.ca/etd/5041</u>
- 37. Snijdewind MC, van Tol DG, Onwuteaka-Philipsen BD, Willems DL. Complexities in euthanasia or physician-assisted suicide as perceived by Dutch physicians and patients' relatives. J Pain Symptom Manage. 2014 Dec;48(6):1125-34. doi: 10.1016/j.jpainsymman.2014.04.016. Epub 2014 Jun 12.
- 38. Van Tol DG, Rietjens JA, van der Heide A. Empathy and the application of the 'unbearable suffering' criterion in Dutch euthanasia practice. Health Policy. 2012 May;105(2-3):296-302. doi: 10.1016/j.healthpol.2012.01.014.
- 39. Beuthin R, Bruce A, Scaia M. Medical assistance in dying (MAiD): Canadian nurses' experiences. Nurs Forum. 2018 Oct;53(4):511-520. doi: 10.1111/nuf.12280. Epub 2018 Jul 4.

#### **BMJ** Open

- 40. Dees MK, Vernooij-Dassen MJ, Dekkers WJ, Elwyn G, Vissers KC, van Weel C. Perspectives of decision-making in requests for euthanasia: a qualitative research among patients, relatives and treating physicians in the Netherlands. Palliat Med. 2013 Jan;27(1):27-37. doi: 10.1177/0269216312463259. Epub 2012 Oct 26.
  - 41. Beuthin R. Cultivating Compassion: The Practice Experience of a Medical Assistance in Dying Coordinator in Canada. Qual Health Res. 2018 Sep;28(11):1679-1691. doi: 10.1177/1049732318788850.
  - 42. Alison A. Townsley. Putting a Bow on Death and Dying-Health Care Professionals' Experiences with Medical Assistance in Dying (MAiD): A Foucauldian Discourse Analysis with Agambian Insights. [Practice Based Research Paper on the Internet]. York University School of Social Work; 2018. [Cited February 28,2019] Available from: https://yorkspace.library.yorku.ca/xmlui/bitstream/handle/10315/35613/Alison\_Townsley\_PRP \_\_\_\_\_\_018.pdf?sequence=1
  - 43. Beuthin R, Bruce A, Hopwood MC, Robertson WD, Bertoni K. Rediscovering the art of medicine, rewards, and risks: Physicians' experience of providing medical assistance in dying in Canada. SAGE Open Med. 2020 Mar 13;8:2050312120913452. doi: 10.1177/2050312120913452
  - 44. Snijdewind MC, van Tol DG, Onwuteaka-Philipsen BD, Willems DL. Developments in the practice of physician-assisted dying: perceptions of physicians who had experience with complex cases. J Med Ethics. 2018 May;44(5):292-296. doi: 10.1136/medethics-2016-103405. Epub 2016 Aug 5.
  - 45. Volker DL. Oncology nurses' experiences with requests for assisted dying from terminally ill patients with cancer. Oncol Nurs Forum. 2001 Jan-Feb;28(1):39-49.

- 46. Wright DK, Chirchikova M, Daniel V, Bitzas V, Elmore J, Fortin ML. Engaging with patients who desire death: Interpretation, presence, and constraint. *Can Oncol Nurs J*. 2017;27(1):56-64.
  Published 2017 Feb 1. doi:10.5737/236880762715664
- 47. Norton EM, Miller PJ. What their terms of living and dying might be: hospice social workers discuss
  Oregon's Death with Dignity Act. J Soc Work End Life Palliat Care. 2012;8(3):249-64. doi: 10.1080/15524256.2012.708295
- Ten Cate K, van Tol DG, van de Vathorst S. Considerations on requests for euthanasia or assisted suicide; a qualitative study with Dutch general practitioners. Fam Pract. 2017 Nov 16;34(6):723-729. doi: 10.1093/fampra/cmx041.
- 49. Fausto Melchor, Veronica Lorraine, "HOSPICE SOCIAL WORKERS' ATTITUDE ON PHYSICIAN-ASSISTED SUICIDE AND PRACTICE UNDER CALIFORNIA'S END OF LIFE OPTION ACT" (2018). Electronic Theses, Projects, and Disser tations . 632. https://scholarworks.lib.csusb.edu/etd/632
- 50. Miller PJ, Mesler MA, Eggman ST. Take some time to look inside their hearts: hospice social workers contemplate physician assisted suicide. Soc Work Health Care. 2002;35(3):53-64. doi: 10.1300/J010v35n03\_04.
- 51. Bolt EE, Flens EQ, Pasman HR, Willems D, Onwuteaka-Philipsen BD. Physician-assisted dying for children is conceivable for most Dutch paediatricians, irrespective of the patient's age or competence to decide. Acta Paediatr. 2017 Apr;106(4):668-675. doi: 10.1111/apa.13620. Epub 2016 Nov 14.
- 52. Harvath, Theresa A. PhD, RN, CNS; Miller, Lois L. PhD, RN; Smith, Kathryn A. MS, RN; Clark, Lisa D. MS, RN; Jackson, Ann MBA; Ganzini, Linda MD, MPH Dilemmas Encountered by Hospice Workers

#### BMJ Open

When Patients Wish to Hasten Death, Journal of Hospice & Palliative Nursing: July-August 2006 -Volume 8 - Issue 4 - p 200-209

- 53. Van de Scheur A, van der Arend A. The role of nurses in euthanasia: a Dutch study. Nurs Ethics.
  1998 Nov;5(6):497-508. doi: 10.1177/096973309800500604.
- 54. Bélanger E, Towers A, Wright DK, *et al*. Of dilemmas and tensions: a qualitative study of palliative care physicians' positions regarding voluntary active euthanasia in Quebec, Canada. *Journal of Medical Ethics* 2019;**45**:48-53.
- 55. Schwarz JK. Responding to persistent requests for assistance in dying: a phenomenological inquiry. Int J Palliat Nurs. 2004 May;10(5):225-35; discussion 235. doi: 10.12968/ijpn.2004.10.5.13071.
- 56. Gamondi C, Borasio GD, Oliver P, Preston N, Payne S. Responses to assisted suicide requests: an interview study with Swiss palliative care physicians. BMJ Support Palliat Care. 2019 Mar;9(1):e7. doi: 10.1136/bmjspcare-2016-001291. Epub 2017 Aug 11.
- 57. Allyson Oliphant. "If Not Me, Then Who?" The Narratives of Medical Aid in Dying (MAiD) Providers and Supporters Around Their Professional Identity and Role in MAiD [Thesis on the Internet]. MacMaster University; 2017. [Cited on February 10, 2019]. Available from <a href="http://hdl.handle.net/11375/22146">http://hdl.handle.net/11375/22146</a>
- 58. Khoshnood N, Hopwood MC, Lokuge B, Kurahashi A, Tobin A, Isenberg S, Husain A. Exploring Canadian Physicians' Experiences Providing Medical Assistance in Dying: A Qualitative Study. J Pain Symptom Manage. 2018 Aug;56(2):222-229.e1. doi: 10.1016/j.jpainsymman.2018.05.006.

- Durant KL, Kortes-Miller K. Physician snapshot: the forming landscape of MAiD in northwestern Ontario. *Palliat Care Soc Pract.* 2020;14:2632352420932927. Published 2020 Aug 13. doi:10.1177/2632352420932927
- Pesut, B., Thorne, S., Schiller, C.J. *et al.* The rocks and hard places of MAiD: a qualitative study of nursing practice in the context of legislated assisted death. *BMC Nurs* 19, 12 (2020). https://doi.org/10.1186/s12912-020-0404-5
- 61. Mathews JJ, Hausner D, Avery J, Hannon B, Zimmermann C, Al-Awamer A. Impact of Medical Assistance in Dying on palliative care: A qualitative study. Palliat Med. 2021 Feb;35(2):447-454. doi: 10.1177/0269216320968517
- 62. Shariff MJ. Assisted death and the slippery slope-finding clarity amid advocacy, convergence, and complexity. *Curr Oncol*. 2012;19(3):143-154. doi:10.3747/co.19.1095
- 63. State of Knowledge on Medical Assistance in Dying for Mature Minors, Advance Requests, and Where a Mental Disorder Is the Sole Underlying Medical Condition: Summary of Reports. [Internet]. Ottawa, Canada: The Council of Canadian Acadamies; 2018. Available from: https://cca-reports.ca/reports/medical-assistance-in-dying/
- 64. Turkel, Gerald. "Michel Foucault: Law, Power, and Knowledge." *Journal of Law and Society*, vol. 17, no. 2, 1990, pp. 170–193. *JSTOR*, www.jstor.org/stable/1410084. Accessed 28 Jan. 2021.
- 65. Emanuel EJ, Onwuteaka-Philipsen BD, Urwin JW, Cohen J. Attitudes and Practices of Euthanasia and Physician-Assisted Suicide in the United States, Canada, and Europe. JAMA. 2016 Jul 5;316(1):79–90.

#### **BMJ** Open

66. Cohen J, Van Landeghem P, Carpentier N, Deliens L. Different trends in euthanasia acceptance across Europe. A study of 13 western and 10 central and eastern European countries, 1981-2008. Eur J Public Health. 2013 Jun;23(3):378-80 67. Cohen J, Van Landeghem P, Carpentier N, Deliens L. Public acceptance of euthanasia in Europe: a survey study in 47 countries. Int J Public Health. 2014 Feb;59(1):143–56. 68. Schiller CJ, Pesut B, Roussel J, Greig M. But it's legal, isn't it? Law and ethics in nursing practice related to medical assistance in dying. Nurs Philos. 2019 Oct;20(4):e12277. doi: 10.1111/nup.12277. Epub 2019 Aug 19. PMID: 31429213 69. Gómez-Vírseda, C. John Keown: Euthanasia, ethics and public policy: an argument against legalisation, 2nd edition. Theor Med Bioeth 41, 61-66 (2020). https://doi.org/10.1007/s11017-020-09518-9 70. Shimoda M. "Death with dignity" in the Japanese context. J Int Bioethique. 2005 Mar-Jun;16(1-2):125-34, 197. PMID: 16637137. 71. Street AF, Kissane DW. Discourses of the body in euthanasia: symptomatic, dependent, shameful and temporal. Nurs Inq. 2001 Sep;8(3):162-72. doi: 10.1046/j.1440-1800.2001.00110.x. 72. Paul Kiet Tang. Future of Medicine: A 30 year perspective. The Lancet. November 2017; 5(11): 855-856. 73. The Lancet Respiratory Medicine. Prolonging life at all costs: quantity versus quality. Lancet Respir Med. 2016 Mar;4(3):165. doi: 10.1016/S2213-2600(16)00059-X. Epub 2016 Feb 16. 74. Tronto J. Care as the Work of Citizens: A Modest Proposal. In: Friedman M, editor. Women and Citizenship. Oup Usa; 2005. p. 130–145.

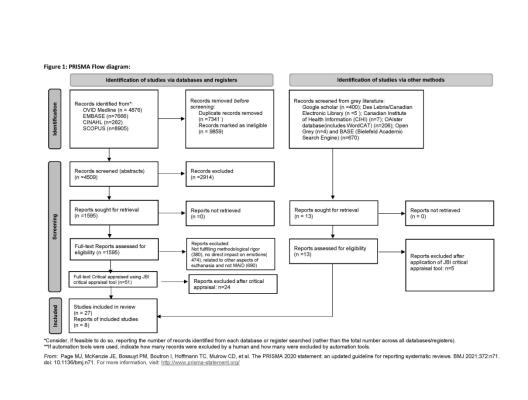
BMJ Open: first published as 10.1136/bmjopen-2021-058523 on 15 July 2022. Downloaded from http://bmjopen.bmj.com/ on June 11, 2025 at Agence Bibliographique de Enseignement Superieur (ABES)

Protected by copyright, including for uses related to text and data mining, Al training, and similar technologies

- 75. Tronto, Joan C. Moral Boundaries: A Political Argument for an Ethic of Care. New York: Routledge, 1993.
- 76. Patel T, Christy K, Grierson L, et al. Clinician responses to legal requests for hastened death: a systematic review and meta-synthesis of qualitative research BMJ Supportive & Palliative Care Published Online First: 29 June 2020. doi: 10.1136/bmjspcare-2019-002018.

r Tram details our se Figure 1: PRISMA flow diagram: The PRIMSA diagram details our search and selection process applied

during the review.



# Caption : Figure 1: PRISMA flow diagram: The PRISMA diagram details our search and selection process applied during the review.

BMJ Open: first published as 10.1136/bmjopen-2021-058523 on 15 July 2022. Downloaded from http://bmjopen.bmj.com/ on June 11, 2025 at Agence Bibliographique de I Enseignement Superieur (ABES) . Protected by copyright, including for uses related to text and data mining, Al training, and similar technologies.

296x210mm (250 x 250 DPI)

## Supplementary appendix 1: Database: Ovid MEDLINE(R) ALL <1946 to October 04, 2021> Search Strategy: \_\_\_\_\_ euthanasia, active/ or euthanasia, active, voluntary/ or hospice care/ or suicide, assisted/ (14808) terminally ill/ (6684) Right to die/ (4950) Terminal care/ (29907) advance care planning/ or advance directives/ (9125) ((dving or death or euthan\* or suicide or terminal\* ill\*) adj5 (assist\* or hasten\*)).tw.kf. (5952) Palliative care/ (58012) exp Practice Patterns, Physicians'/es [Ethics] (812) physician's role/ (30584) 10 Health Personnel/ (52294) 11 ((health care provider or clinician\* or doctor\* or physician\* or nurse or social work\* or oncologist\* or palliative physician or nursing or psychiatrist\* or psychologist\* or psychotherapist\*) adj3 (experience\* or emotion\* or feeling\*)).tw,kf. (23976) (Interview: or experience:).mp. or qualitative.tw. (1655368) health personnel/ or allied health personnel/ or anesthetists/ or caregivers/ or case managers/ or "coroners and medical examiners"/ or emergency medical dispatcher/ or epidemiologists/ or faculty, medical/ or faculty, nursing/ or health educators/ or health facility administrators/ or medical chaperones/ or medical laboratory personnel/ or medical staff/ or exp nurses/ or nursing staff/ or occupational therapists/ or personnel, hospital/ or pharmacists/ or physical therapists/ or physician executives/ or exp physicians/ (431546) 14 (ethnograph\* or grounded theory or qualitative research or thematic analysis or semi-structured interview\* or narrative inquiry or focus\* group or content analysis or discourse or lived life experience\*).tw,kf. (156494) aid in dying.mp. (243) death with dignity.mp. (607) Bill C-14.mp. (24) Bill C-7.mp. (2) MAID.mp. (458) physician assisted death.mp. (309) physician assisted dying.mp. (142) (assisted suicide or physician assisted suicide).tw,kf. (3163) Qualitative Research/ (67825) 1 or 2 or 3 or 4 or 5 or 6 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 (55486) 7 or 8 or 9 or 10 or 11 or 13 (527655) 12 or 14 or 23 (1692068) 24 and 25 and 26 (5490) limit 27 to dt=19460101-20210430 [January 1st, 1946 to April 30th, 2021] (5441) limit 28 to english language (5073) limit 29 to abstracts (4876)

| 1        |
|----------|
| 2<br>3   |
| 5<br>4   |
| 5        |
| 6<br>7   |
| 8        |
| 9<br>10  |
| 10<br>11 |
| 12       |
| 13<br>14 |
| 15       |
| 16       |
| 17<br>18 |
| 19       |
| 20       |
| 21<br>22 |
| 23       |
| 24<br>25 |
| 25<br>26 |
| 27       |
| 28<br>29 |
| 29<br>30 |
| 31       |
| 32<br>33 |
| 33<br>34 |
| 35       |
| 36<br>37 |
| 38       |
| 39       |
| 40<br>41 |
| 42       |
| 43       |
| 44<br>45 |
| 46       |
| 47       |
| 48<br>49 |
| 50       |
| 51<br>52 |
| 52<br>53 |
| 54       |
| 55<br>56 |
| 50<br>57 |
| 58<br>50 |

60

Grey Literature databases (December 10<sup>th</sup> 2018 to March 1<sup>st</sup>, 2019, updated August 2020 and 2021)

Total # Records after de-duplication: 13. Records selected after applying critical appraisal tool 8.

| Database           | Search strategy                        | #records | # new records and     |
|--------------------|--|----------|-----------------------|
|                    |  | screened | records after de-     |
|                    |  |          | duplication and       |
|                    |  |          | applying the critical |
|                    |  |          | appraisal tool        |
| Google scholar     | With the exact phrase: "Medical        | 400      | 5                     |
|                    | assistance in dying" ; "physician      |          |                       |
|                    | assisted suicide"; With all the words: |          |                       |
|                    | "emotional impact on health care       |          |                       |
|                    | providers involved in medical          |          |                       |
|                    | assistance in dying"                   |          |                       |
| Des                | Medical assistance in dying            | 5        | 0                     |
| Lebris/Canadian    |  |          |                       |
| Electronic Library | 6                                      |          |                       |
| Canadian Institute | Medical assistance in dying            | 7        | 0                     |
| of Health          |  |          |                       |
| Information (CIHI) | <i>L</i> .                             |          |                       |
|                    |  |          |                       |
| OAlster database   | Medical Assistance in dying, Physician | 206      | 2                     |
| (includes          | assisted suicide as key word           |          |                       |
| WordCAT)           |  |          |                       |
| OpenGrey           | Medical assistance in dying, Physician | 4        | 0                     |
|                    | Assisted suicide as key word           |          |                       |
| BASE ( Bielefeld   | Subject Heading search: "Medical       | 670      | 1                     |
| Academic Search    | Assistance in dying"                   |          |                       |
| Engine)            |  |          |                       |

BMJ Open: first published as 10.1136/bmjopen-2021-058523 on 15 July 2022. Downloaded from http://bmjopen.bmj.com/ on June 11, 2025 at Agence Bibliographique de I Enseignement Superieur (ABES) . Protected by copyright, including for uses related to text and data mining, Al training, and similar technologies.

| Selecte | ed records:   |
|---------|---|
| Google  | e scholar included Results:   |
| 1.      | Beuthin R. Cultivating Compassion: The Practice Experience of a Medical Assistance in DyingCoordinator in Canada. <i>Qualitative Health Research</i> . 2018;28(11):1679-1691. doi: <u>10.1177/1049732318788850</u>  |
| 2.      | Bouthillier M-E, Opatrny L. A qualitative study of physicians' conscientious objections to medical aid in dying. <i>Palliative Medicine</i> . 2019;33(9):1212-1220. doi: <u>10.1177/0269216319861921</u>  |
| 3.      | Bruce A, Beuthin R. Medically Assisted Dying in Canada: "Beautiful Death" Is TransformingNurses' Experiences of Suffering. <i>Canadian Journal of Nursing Research</i> . June 2019. doi: <u>10.1177/0844562119856234</u>  |
| 4.      | Alison A. Townsley. Putting a Bow on Death and Dying-Health Care Professionals' Experiences with Medical Assistance in Dying (MAiD): A Foucauldian Discourse Analysis with Agambian Insights. [Practice Based Research Paper on the Internet]. York University School of Social Work;2018. [Cited February 28,2019] Available from: <a href="https://yorkspace.library.yorku.ca/xmlui/bitstream/handle/10315/35613/Alison Townsley PRP_2018.pdf?sequence=1">https://yorkspace.library.yorku.ca/xmlui/bitstream/handle/10315/35613/Alison Townsley PRP_2018.pdf?sequence=1</a> |
| 5.      | Gamondi C, Borasio GD, Oliver P, Preston N, Payne S. Responses to assisted suicide requests: aninterview study with Swiss palliative care physicians. BMJ Support Palliat Care. 2019 Mar;9(1):e7. doi: 10.1136/bmjspcare-2016-001291. Epub 2017 Aug 11. Available from <a href="https://pubmed.ncbi.nlm.nih.gov/28801317/">https://pubmed.ncbi.nlm.nih.gov/28801317/</a>  |
| OAlste  | r included Results:   |
| 1.      | Implementing Medical Aid-in-Dying in Vermont: a Qualitative Study. <i>J GEN INTERNMED</i> <b>34,</b> 636–641 (2019). <a href="https://doi.org/10.1007/s11606-018-4811-1">https://doi.org/10.1007/s11606-018-4811-1</a>  |
| 2.      | Allyson Oliphant. "If Not Me, Then Who?" The Narratives of Medical Aid in Dying (MAiD) Providers and Supporters Around Their Professional Identity and Role in MAiD [Thesis on theInternet]. MacMaster University; 2017. [Cited on February 10, 2019]. Available from <a href="http://hdl.handle.net/11375/22146">http://hdl.handle.net/11375/22146</a>   |
| BASE ir | ncluded results:  |
| 1.      | Sheridan, Laura, "When Patients Ask to Die: The Role of Nurses in Medical Assistance in Dying" (2017). Electronic   |
|         | Thesis and Dissertation Repository. 5041. <u>https://ir.lib.uwo.ca/etd/5041</u>   |
|         |   |
|         | For peer review only - http://bmjopen.bmj.com/site/about/guidelines.xhtml   |
|         | i or peer review only - mup.//binjopen.binj.com/site/about/guidennes.xntinn   |

## Database:

Embase <1974 to 2021 April 30>

| #  | Query  | Results fr<br>run on Oo |
|----|--|-------------------------|
| 1  | euthanasia, active/ or euthanasia, active, voluntary/ or hospice care/ or suicide,<br>assisted/  | 18,815                  |
| 2  | terminally ill/  | 8,339                   |
| 3  | right to die/  | 4,060                   |
| 4  | terminal care/   | 38,968                  |
| 5  | advance care planning/ or advance directives/  | 13,209                  |
| 6  | ((dying or death or euthan* or suicide or terminal* ill*) adj5 (assist* or hasten*)).tw,kf.  | 7,430                   |
| 7  | palliative care/   | 83,687                  |
| 8  | exp clinical practice/ and medical ethics/   | 5,575                   |
| 9  | physician's role/  | 49,149                  |
| 10 | health personnel/  | 168,037                 |
| 11 | ((health care provider or clinician* or doctor* or physician* or nurse or social work*<br>or oncologist* or palliative physician or nursing or psychiatrist* or psychologist* or<br>psychotherapist*) adj3 (experience* or emotion* or feeling*)).tw,kf.   | 34,589                  |
| 12 | (interview: or experience:).mp. or qualitative.tw.   | 2,361,122               |
| 13 | health personnel/ or allied health personnel/ or anesthetists/ or caregivers/ or case<br>managers/ or "coroners and medical examiners"/ or emergency medical<br>dispatcher/ or epidemiologists/ or faculty, medical/ or faculty, nursing/ or health<br>educators/ or health facility administrators/ or medical occupational therapists/ or<br>personnel, hospital/ or pharmacists/ or physical therapists/ or physician executives/<br>or exp physicians/ | 1,402,853               |
| 14 | (ethnograph* or grounded theory or qualitative research or thematic analysis or<br>semi-structured interview* or narrative inquiry or focus* group or content analysis<br>or discourse or lived life experience*).tw,kf.   | 203,129                 |
| 15 | aid in dying.mp.   | 293                     |
| 16 | death with dignity.mp.   | 655                     |
| 17 | Bill C-14.mp.  | 32                      |
| 18 | Bill C-7.mp.   | 4                       |
| 19 | MAID.mp.   | 667<br>Xhtml            |

Results from search strategy run on October 4, 2021

2,361,122

1,402,853

|       |                                      | BMJ Open                               |   | Pag     |
|-------|--------------------------------------|--|---|---------|
| 20    | physician assisted death.r           | np.                                    | 365   |         |
| 21    | physician assisted dying.n           | np.                                    | 171   |         |
| 22    | (assisted suicide or physic          | ian assisted suicide).tw,kf.           | 3,620   |         |
| 23    | qualitative research/                |  | 98,864  |         |
| 24    | 1 or 2 or 3 or 4 or 5 or 6 o         | r 15 or 16 or 17 or 18 or 19 or 20 or  | 21 or 22 73,993                                       |         |
| 25    | 7 or 8 or 9 or 10 or 11 or 1         | 13                                     | 1,525,230   |         |
| 26    | 12 or 14 or 23                       |  | 2,406,823   |         |
| 27    | 24 and 25 and 26                     | ~                                      | 8,659   |         |
| 28    | limit 27 to (abstracts and           | english language and yr="1946 - 202    | 21") 7,666  |         |
|       | COhost<br>HL search strategy: Monday | , October 4, 2021 3:59:32 PM           |   |         |
| #     | Query                                | Limiters/Expanders                     | Last Run Via  | Results |
| S25   | S22 AND S23 AND S24 L                | imiters - Published Date:              | Interface - EBSCOhost                                 | Display |
|       | 0401-20210430;                       |  | Research Databases Search<br>Screen - Advanced Search |         |
| Exclu | de MEDLINE records; Public           | ation Type: Abstract; Language: Eng    |   |         |
| Expar | nders - Apply related words;         | Apply equivalent subjects              |   |         |
| Searc | h modes - Boolean/Phrase             |  |   |         |
| 524   | S10 OR S12 OR S21                    | Expanders - Apply related              | Interface - EBSCOhost                                 | Display |
| words | s; Apply equivalent subjects         |  | Research Databases Search<br>Screen - Advanced Search |         |
| Searc | h modes - Boolean/Phrase             |  | Database - CINAHL                                     |         |
| 523   | S6 OR S7 OR S8 OR S9                 | Expanders - Apply related              |   | Display |
| OR S1 | 1                                    | words; Apply equivalent<br>subjects    | Research Databases Search<br>Screen - Advanced Search |         |
|       |                                      | Search modes -<br>Boolean/Phrase       | Database - CINAHL                                     |         |
|       | For pe                               | er review only - http://bmjopen.bmj.co | m/site/about/guidelines.xhtml                         |         |

| 1<br>2<br>3<br>4<br>5<br>6<br>7  | S22 (S1 OR S2 OR S3 OR S4<br>OR S5 OR S13 OR S14 OR S15 OR S16 OR<br>S17 OR S18 OR S19 OR S20)        | Expanders - Apply related<br>words; Apply equivalent<br>subjects<br>Search modes -<br>Boolean/Phrase | Interface - EBSCOhost<br>Research Databases Search<br>Screen - Advanced Search<br>Database - CINAHL | Display  |
|--|---|--|---|--|
| 8<br>9<br>10<br>11<br>12<br>13   | S21 qualitative research Expande<br>words; Apply equivalent subjects<br>Search modes - Boolean/Phrase | rs - Apply related   | Interface - EBSCOhost<br>Research Databases Search<br>Screen - Advanced Search<br>Database - CINAHL | Display<br>Protected t   |
| $\begin{array}{c} 13\\ 14\\ 15\\ 16\\ 17\\ 18\\ 19\\ 20\\ 21\\ 22\\ 23\\ 24\\ 25\\ 26\\ 27\\ 28\\ 29\\ 30\\ 31\\ 32\\ 33\\ 4\\ 35\\ 36\\ 37\\ 38\\ 39\\ 40\\ 41\\ 42\\ 43\\ 44\\ 45\\ 46\\ 47\\ 48\\ 49\\ \end{array}$ | Search modes - Boolean/Phrase   | Expanders - Apply related<br>words; Apply equivalent<br>subjects                                     | Database - CINAHL<br>Interface - EBSCOhost<br>Research Databases Search<br>Screen - Advanced        | Protected by copyright, including for uses related to text and data mining, Al training, and similar technologies<br>play<br>Display |
| 50<br>51<br>52<br>53<br>54<br>55<br>56<br>57<br>58<br>59<br>60   | For peer review   | v only - http://bmjopen.bmj.com/s  | site/about/guidelines.xhtml   | ς,   |

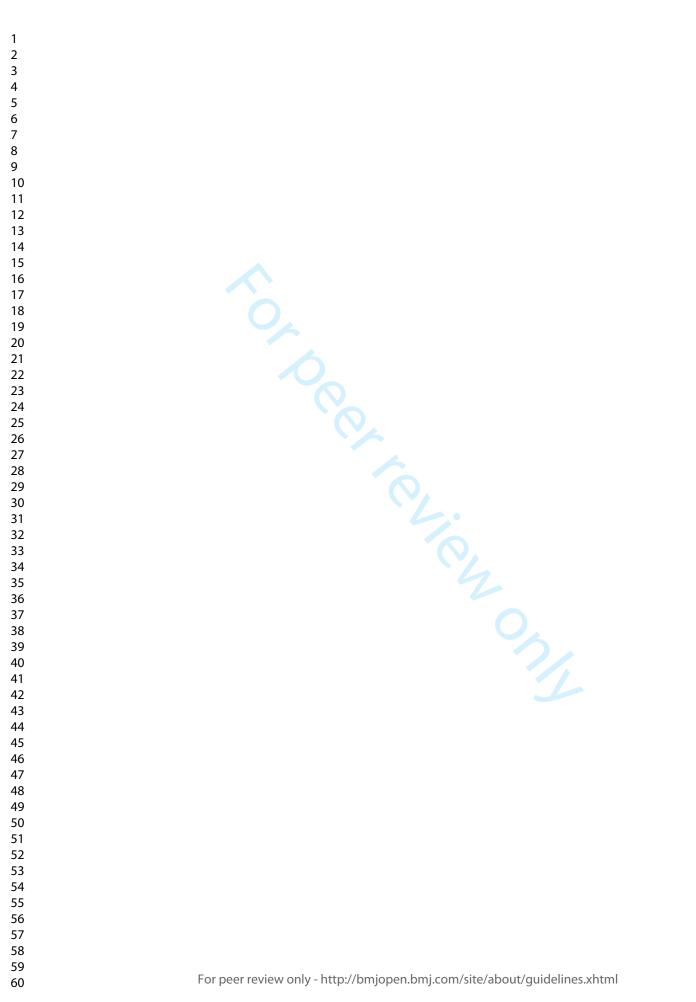
| BMJ Open<br>Search   | 1  | Page 4             |
|--|--|--------------------|
| Search modes - Boolean/Phrase<br>Datab   | ase - CINAHL   |                    |
| S19 physician assisted dying Expanders - Apply related words; Apply equivalent subjects                                      | Interface - EBSCOhost<br>Research Databases Search                             | Display            |
|  | Screen - Advanced Search   |                    |
| Search modes - Boolean/Phrase  | Database - CINAHL  |                    |
| S18 physician assisted death Expanders - Apply related   | Interface - EBSCOhost<br>Research Databases Search                             | Display            |
| words; Apply equivalent subjects   | Screen - Advanced Search   |                    |
| Search modes - Boolean/Phrase  | Database - CINAHL  |                    |
| S17 MAID Expanders - Apply related words; Apply equivalent subjects  | Interface - EBSCOhost<br>Research Databases Search<br>Screen - Advanced Search | Display<br>Display |
| Search modes - Boolean/Phrase  | Database - CINAHL  | c                  |
| S16 Bill C-7 Expanders - Apply related words; Apply equivalent<br>subjects<br>Search modes - Boolean/Phrase                  | Interface - EBSCOhost<br>Research Databases Search<br>Screen - Advanced Search | Display            |
| Search modes - Boolean/Finase  | Database - CINAHL  |                    |
| S15 Bill C-14 Expanders - Apply related words; Apply (   | Interface - EBSCOhost<br>Research Databases Search                             | Display            |
| Search modes - Boolean/Phrase  | Screen - Advanced Search   | ę                  |
|  | Database - CINAHL  |                    |
| S14 death with dignity Expanders - Apply related   | Interface - EBSCOhost  | Display            |
| words; Apply equivalent subjects   | Research Databases Search<br>Screen - Advanced Search                          |                    |
| Search modes - Boolean/Phrase  | Database - CINAHL  |                    |
| S13 aid in dying Expanders - Apply related words; Apply equivalent subjects  | Interface - EBSCOhost<br>Research Databases Search                             | Display<br>Display |
| Search modes - Boolean/Phrase  | Screen - Advanced Search<br>Database - CINAHL                                  |                    |
| S12 TX (ethnograph* or grounded Expanders - Apply related theory or qualitative research or words; Apply equivalent subjects | l Interface - EBSCOhost<br>Research Databases Search<br>Screen - Advanced      | Display            |
| <b>subjects</b><br>For peer review only - http://bmjopen.bmj.co  |  |                    |

| Pag  | e 43 of 84  | BMJ  | Open         |   |  |
|--|---|--|--------------|---|--|
|  | thematic synthesis or semi-structured   | Search modes -   | Search       |   |  |
| 1<br>2<br>3<br>4<br>5  | interview* or narrative inquiry or focus*<br>group or content analysis or discourse or<br>lived life experience*)   | Boolean/Phrase   | Database -   | CINAHL  |  |
| 6<br>7<br>8<br>9<br>10<br>11<br>12<br>13<br>14<br>15<br>16<br>17<br>18<br>19<br>20<br>21<br>22<br>23<br>24   | S11 health personnel or allied health<br>personnel or anesthetists or caregivers or<br>case managers or "coroners and medical<br>examiners" or emergency medical<br>dispatcher or epidemiologists or faculty,<br>medical or faculty, nursing or health<br>educators or health facility administrators<br>or medical chaperones or medical<br>laboratory personnel or medical staff or<br>nurses or nursing staff or occupational<br>therapists or personnel, hospital or<br>pharmacists or physical therapists or<br>physician executives or physicians | subjects<br>Search modes -<br>Boolean/Phrase   |              | Interface - EBSCOhost<br>Research Databases Search<br>Screen - Advanced Search<br>Database - CINAHL | Display<br>Protected by copyright, including for uses related<br>Display |
| 25<br>26<br>27<br>28<br>29<br>30<br>31<br>32<br>33   | S10 TX (interview: or experience:) or<br>qualitative  | Expanders - Apply<br>words; Apply equi<br>subjects<br>Search modes -<br>Boolean/Phrase |              | Interface - EBSCOhost<br>Research Databases Search<br>Screen - Advanced Search<br>Database - CINAHL | ses related to text and data n<br>Display                                |
| 34<br>35<br>36<br>37<br>38<br>39<br>40<br>41<br>42<br>43<br>44<br>45<br>46<br>47<br>48<br>49<br>50<br>51<br>52<br>53<br>54<br>55<br>56<br>57<br>58<br>59 | S9 TX ((health care provider or<br>clinician* or doctor* or physician* or<br>nurse or social work* or oncologist* or<br>palliative physician or nursing or<br>psychiatrist* or psychologist* or<br>psychotherapist*) N3 (experience* or<br>emotion* or feeling*))   | Expanders - Apply<br>words; Apply equi<br>subjects<br>Search modes -<br>Boolean/Phrase |              | Interface - EBSCOhost<br>Research Databases Search<br>Screen - Advanced Search<br>Database - CINAHL | hining, Al training, and similar technologies.<br>Display                |
| 60   | For peer review of  | only - http://bmjope   | n.bmj.com/si | te/about/guidelines.xhtml   |  |

BMJ Open: first published as 10.1136/bmjopen-2021-058523 on 15 July 2022. Downloaded from http://bmjopen.bmj.com/ on June 11, 2025 at Agence Bibliographique de l Enseignement Superieur (ABES)

|   | BMJ Open   |  | Page 44                        |
|---|--|--|--------------------------------|
| S8 health personnel or healthcare professionals or healthcare workers   | Expanders - Apply related<br>words; Apply equivalent<br>subjects | Interface - EBSCOhost<br>Research Databases Search<br>Screen - Advanced Search | Display                        |
|   | Search modes -<br>Boolean/Phrase                                 | Database - CINAHL  |                                |
| 57 physician role Expanders - Apply<br>equivalent subjects  | / related words; Apply   | Interface - EBSCOhost<br>Research Databases Search                             | Display                        |
| Search modes - Boolean/Phrase   |  | Screen - Advanced Search<br>Database - CINAHL                                  |                                |
|   |  |  | 2<br>3<br>4                    |
| 56 practice patterns, physicians<br>AND medical ethics  | Expanders - Apply related<br>words; Apply equivalent<br>subjects | Interface - EBSCOhost<br>Research Databases Search<br>Screen - Advanced Search | Display<br>Display             |
|   | Search modes -<br>Boolean/Phrase                                 | Database - CINAHL  | G                              |
| 5 TX ((dying or death or euthan*<br>or suicide or terminal* ill*) N5 (assist*<br>or hasten*))                       | Expanders - Apply related<br>words; Apply equivalent<br>subjects | Interface - EBSCOhost<br>Research Databases Search<br>Screen - Advanced Search | Display                        |
|   | Search modes -<br>Boolean/Phrase                                 | Database - CINAHL  |                                |
| advance care planning or end of<br>ife planning or advance directive or<br>advance care plan or advance decision or | Expanders - Apply related words; Apply equivalent subjects       | Interface - EBSCOhost<br>Research Databases Search<br>Screen - Advanced Search | Display                        |
| advance helth care plan   | Search modes -<br>Boolean/Phrase                                 | Database - CINAHL  | g                              |
| terminal care or palliative care<br>or end of life care or hospice  | Expanders - Apply related<br>words; Apply equivalent<br>subjects | Interface - EBSCOhost<br>Research Databases Search<br>Screen - Advanced Search | Display<br>Display<br>subjects |
|   | Search modes -<br>Boolean/Phrase                                 | Database - CINAHL  | ġ                              |
| equivalent subjects   | v related words; Apply   | Interface - EBSCOhost<br>Research Databases Search<br>Screen - Advanced Search | Display                        |
| Search modes - Boolean/Phrase   |  | Database - CINAHL  |                                |
| euthanasia or assisted suicide or   | or death with dignity  | Expanders - Apply related  | subjects                       |

| 2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>10<br>11<br>12<br>13   | ber of records from<br>earch strategy: 262                                |
|--|---|
| 32<br>33<br>34<br>35<br>36<br>37<br>38<br>39<br>40<br>41<br>42<br>43<br>44<br>45<br>46<br>47<br>48<br>49<br>50<br>51<br>52<br>53<br>54<br>55<br>56<br>57<br>58<br>59<br>60 | For peer review only - http://bmjopen.bmj.com/site/about/guidelines.xhtml |



| Page 47<br>Broug           | of 84<br>ght to | you by University of Ottawa / Unive | BMJ Open<br>ersité d'Ottawa   |                                 | cted by copyright,            | 136/bmjope                 |        |        |          |    |
|----------------------------|-----------------|-------------------------------------|---|---------------------------------|-------------------------------|----------------------------|--------|--------|----------|----|
| 1<br>2<br>3<br>4<br>5<br>6 | S               | copus                               | S   | earch Soi                       | vright, including for uses    | 136/bmjopen-2021-058523 on | ?      | Û      |          | SD |
| 10<br>11<br>12             | ave             | d searches                          |   |                                 | for uses related              | 15 July 2                  |        |        |          |    |
| 13<br>14<br>15<br>16       |                 |                                     |   | Combin                          | e queries                     | 0                          | #1 AND | NOT #3 | Q 0      |    |
| 17<br>18<br>19             | ID              | Name                                | Query   | Docume                          | nts Date last ruta            | Actic                      | ons    |        |          |    |
| 20<br>21<br>22<br>23       | #33             | scopus 6                            | (({active euthanasia} / OR {vol<br>untary euthanasia} / OR {hospi   | ,                               | 205 oct 4,2029<br>A<br>Ta     |                            | +      | Ĉ      | 创        |    |
| 24<br>25<br>26<br>27       | #32             | scopus 5                            | (({active euthanasia} / OR {vol<br>untary euthanasia} / OR {hospi   |                                 | 662 oct 4, 202 and s          | com                        | +      | Ŷ      | 创        |    |
| 28<br>29<br>30<br>31       | #31             | scopus 4                            | (({active euthanasia} / OR {vol<br>untary euthanasia} / OR {hospi   |                                 | 711 oct 4, 202 <b>%</b><br>fc | on June 11,                | +      | Ŷ      | 创        |    |
| 32<br>33<br>34<br>35       | #29             | Scopus                              | (({active euthanasia} / OR {vol<br>untary euthanasia} / OR {hospi   | 10,(<br>√iew More √             | 097 oct 4, 202                | 2025 at Agenc              | +      | Ŷ      | <b>山</b> |    |
| 36<br>37<br>38<br>39<br>40 | #28             | 3                                   | `   | 852,:<br>√iew More √            |                               | / <u>°</u>                 | +      | Ŷ      | 莭        |    |
| 40<br>41<br>42<br>43<br>44 | #27             | 2                                   | ({palliative care} /)OR({clinic<br>al practice} AND {physician ethi | 1,458,9<br>√iew More √          | 970 oct 4, 2021C              | ∼<br>⊘<br>raphique de      | +      | Ŷ      | <b>山</b> |    |
| 44<br>45<br>46<br>47       |                 | For peer                            | review only - http://bmjopen.bmj.com                                | /site/about/guic<br>√iew More √ | lelines.xhtml                 |                            |        |        |          |    |

| ID  | Name                         | Query BMJ Open   | Documents                        | ב פ  | Actior | is |   | Page 48   |
|-----|------------------------------|--|----------------------------------|--|--------|----|---|-----------|
| #26 | 1                            | ( {active euthanasia} / OR {volu<br>ntary euthanasia} / OR {hospic | ,                                | jepen-2021-0<br>oct 4, 2024 right, i   | Ø V    | +  | Ŷ | ٠         |
| #25 | terminally ill terminal care | {terminally ill} OR {terminal can e}                               | 72,266                           | 21-058523 on 15<br>ht, including for<br>oct 4, 2020 for  | Ø v    | ÷  | Ŷ | 创         |
| #24 | qualitative research         | {qualitative research}   | 570,500                          | r uses relat<br>oct 4, 2021 relat  |        | +  | Ĉ | <b></b> 面 |
| #23 | physician assisted suicide   | {physician assisted suicide}                                       | 1,365                            | ed to Compared to Compare the Compare to Compar | Øv     | ÷  | Ĉ | 创         |
| #22 | physician assisted dying     | {physician assisted dying}   | 90                               | and bata n<br>oct 4, 202 ata n   | ذ ∨    | +  | Û | 创         |
| #21 | physician assisted death     | {physician assisted death}   | 153                              | oct 4, 2024, AI tu   | ØV     | +  | Ŷ | 创         |
| #20 | MAiD                         | {MAiD}   | 11,549                           | oct 4, 202 the jopen.bmj.con   | ØV     | +  | Ŷ | 圃         |
| #19 | Bill C-7                     | {Bill C-7}   | 38                               |  | ØV     | +  | Ŷ | ٠         |
| #18 | Bill C-14                    | {Bill C-14}  | 120                              | r techtologies.  | ØV     | +  | Ŷ | <b></b> 面 |
| #17 | death with dignity           | {death with dignity}<br>   | 2,743<br>View More 🗸             | oct 4, 2021 C 🥳  | ØV     | +  | Ŷ | ٠         |
| #16 | aid in dying                 | {aid in dying}<br>   | 823<br>View More ∽               | Bibliograp   | ØV     | +  | Ŷ | <b></b> 面 |
| #15 | qualitative methods          | TITLE-ABS-KEY ( ethnograph*<br>OR "grounded theory" OR "the        | 439,839<br>n/site/about/guidelin | aphique<br>oct≄, 2021027102710<br>de   | Ø V    | +  | Ŷ | <b></b>   |

| Page 49                    | of <b>(8</b> 4 | Name                                    | Query BMJ Open View   | More ∽<br>Documents | 93   | Actions | 5 |       |           |
|----------------------------|----------------|---|---|---------------------|--|---------|---|-------|-----------|
| 1<br>2<br>3                | #14            | health care provider                    | TITLE-ABS-KEY ( "allied health p<br>ersonnel" OR anesthetists OR      | 1,203,712           | oct 4, 2021-058523 c<br>oct 4, 2021-058523 c<br>oct 4, 2020  | Ø∨      | + | Ŷ     | <b></b> 面 |
| 4<br>5<br>6<br>7<br>8      | #13            | qualitative interview qualitative study | TITLE-ABS-KEY ( "qualitative inte<br>rview" OR "qualitative study" )  | 119,016             | oct 4, 2021 on 15  | Ø~      | + | Ĉ     | <b> ①</b> |
| 8<br>9<br>10<br>11<br>12   | #12            | health care provider experience         | (("health care provider" OR clin<br>ician* OR doctor* OR physicia     | 85,449              | oct 4, 202<br>oct 4, 202 | ØV      | + | Ĉ     | <b></b> 一 |
| 13<br>14<br>15             | #11            | health personnel                        | {health personnel} /  | 195,852             | d to<br>to<br>soct 4, 202<br>text<br>ad<br>to<br>to<br>to<br>to<br>to<br>to<br>to<br>to<br>to<br>to<br>to<br>to<br>to  | ØV      | + | Ĉ     | 创         |
| 16<br>17<br>18<br>19       | #10            | physicians role                         | View {physician's role} /   | More ∽<br>31,290    | oct 4, 202 arie<br>Med from<br>Met<br>Met<br>Met<br>Met<br>Met<br>Met<br>Met<br>Met<br>Met<br>Met  | Ø V     | + | Ŷ     | 创         |
| 20<br>21<br>22<br>23       | #9             | clinical practice physician ethics      | {clinical practice} AND {physicia<br>n ethics}                        | 25                  | oct 4, 2021<br>Al trai   | Ø~      | + | Ŷ     | <b></b> 一 |
| 24<br>25<br>26<br>27       | #8             | palliative care                         | {palliative care} /   | 185,455             | ning<br>oct 4, 202 and s   | ØV      | + | Ĉ     | 创         |
| 28<br>29<br>30<br>31       | #7             | assisted death                          | View<br>((dying OR death OR euthan*<br>OR suicide OR "terminal* ill*" | More ~<br>12,119    | on June 11   | ØV      | + | Ŷ     | <b> ①</b> |
| 32<br>33<br>34<br>35       | #6             | advance care planning                   | {advance care planning} / OR {a<br>dvance directives} /               | 27,184              | oct 4, 2020 at Ac  | Ø~      | + | Ŷ     | <b></b> 一 |
| 36<br>37<br>38             | #5             | right to die                            | {right to die} /  | 8,046               | oct 4, 2021 C e Bib  | ØV      | + | Ĉ     | 创         |
| 39<br>40<br>41<br>42<br>43 | #3             | active euthanasia                       | {active euthanasia} / OR {volunt<br>ary euthanasia} / OR {hospice c   | 38,053              | oct 4, 2021 C Bibliographique  | ØV      | + | Ŷ     | 创         |
| 44<br>45<br>46<br>47       |                | For p                                   | peer review only - http://bmjopen.bmj.com/site/                       | /about/guidelin     | de   |         |   | ∧ Тор | of page   |

136/bmjopen-2021-058523 on 15 July 2022. Downloaded from http://bmjopen.bmj.com/ on June 11, 2025 at Enseignement Superieur (ABES) . .cted by copyright, including for uses related to text and data mining, Al training, and similar technologies. **BMJ** Open About Scopus What is Scopus Content coverage Scopus blog Scopus API Privacy matters <sup>13</sup> Language 日本語に切り替える 17 切换到简体中文 19 切換到繁體中文 Русский язык <sup>24</sup> Customer Service 27 Help <sup>28</sup> Tutorials 30 Contact us 11, 2025 at Agence Bibliographique de l **ELSEVIER** 38 Terms and conditions *¬* Privacy policy *¬* 40 Copyright © Elsevier B.V 7. All rights reserved. Scopus® is a registered trademark of Elsevier B.V. We use cookies to help provide and enhance our service and tailor content. By continuing, you agree to the use of cookies. **RELX** For peer review only - http://bmjopen.bmj.com/site/about/guidelines.xhtml

| 51 of 84  |                        |                 |   |   |   | BMJ Ot  | ben   |   |   | cted by copyright, includ  | 136/bmjopen-2021-05852   |           |                   |
|---|------------------------|-----------------|---|---|---|---|---|---|---|----------------------------|--|-----------|-------------------|
| Table 2: Critica  | l appr                 | raisal of st    | udies using <sup>-</sup>                                | The Joanna Bri  | ggs Institute   | e Critical appra  | aisal tool fo                                     | or Qualitativ                                     | ve Research:  | ight, includ               | 2021-05852   |           |                   |
| Study JB<br>Ch<br>(location, list<br>number and                             | bj<br>p<br>I a<br>neck | /w<br>hilosophy | Q2: Congruity<br>b/w research<br>method and<br>question | Q3:congruity<br>b/w<br>Research<br>method<br>&Data collection | Q4:congruity<br>b/w<br>Research<br>method &<br>analysis | Q5: congruity<br>b/w<br>Research<br>method &<br>Results | Q6:<br>Statement<br>Locating<br>the<br>researcher | Q7:<br>Influence<br>Of<br>Researcher<br>addressed | Q8:<br>Adequate<br>Representa-<br>tion of<br>Participants | ing for                    | C<br>O<br>O<br>O<br>O<br>O<br>O<br>O<br>O<br>O<br>O<br>O<br>O<br>O | Appraisal | R for<br>exclusio |
| category of<br>Participants)  |                        |                 | •   |   |   |   |   |   |   | d to                       | Dow  |           |                   |
| 1.Voorhees et al., L<br>and Netherlands,<br>physicians 23                   | JS                     | Y               | Y   | Y   | Y   | Y   | Y   | N   | Y   | t Superie<br>text and<br>Y | nleadeo  | Include   |                   |
| 2.Van Marwjik et a<br>Netherlands 22<br>Primary care ph                     | I.                     | Y               | Y   | Y   | Y   | Y   | N   | N   | Y   | Unc data r                 | from   | Include   |                   |
| 3. Denier Yyonne e<br>2010. Belgium Nurs<br>n=18                            |                        | Y               | Y   | Y   | Y   | Y   | N   | N   | Y   | hining,                    | tŧp://b  | include   |                   |
| 4. Elizabeth Norton<br>al. 2012<br>USA-social worker-                       |                        | Y               | Y   | Y   | Y   | Y   | N   | N   | Y   | Al trair                   | n <del>j</del> open  | include   |                   |
| 5. JJ Georges et al.<br>2008. Netherlands<br>GPs                            |                        | Y               | Y   | Y   | Y   | Y   | N   | N   | Y   | Unc <b>g, an</b>           | ı.l <del>ə</del> mj.co   | Include   |                   |
| 6. Snijdewind et al.<br>2014<br>(Netherlands, 28<br>physicians)             | .,                     | Y               | Y   | Y   | Y   | Y   | N   | N   | Y   | d similar<br>z             | m/ on Ju   | include   |                   |
| 7. Katja ten Cate et<br>2017-33 physicians<br>netherlands                   |                        | Y               | Y   | Y   | Y   | Y   | N   | Ν   | Y   | techno<br>≻ ▲              | ne 11, 2   | Include   |                   |
| 8. Donald G Van to<br>al., 2012. Netherlar<br>15 physicians                 |                        | Y               | Y   | Y   | Y   | Y   | N   | Ν   | Y   | logie<br>∠                 | 2025 at  | include   |                   |
| 9.Veronica Lorraine<br>Fausto Melchor, 20<br>USA Hospice social<br>worker 8 | 018.                   | Y               | Y   | Y   | Y   | Y   | Y   | Y   | Y   | Y                          | at Agence Eibliographique de l                                     | include   |                   |
| 10. Pamela Miller e<br>al., 2008 Oregon SV                                  |                        | Y               | Y   | Y   | Y   | Y   | N   | N   | Y   | Unc                        | 3iblic   | Include   |                   |
| 11. Deborah Volker<br>al., 2001. USA Onco<br>Nurse-40                       | r et                   | Y               | Y   | Y   | Y   | Y   | N   | N   | Y   | Unc                        | <b>yg</b> raphi  | Include   |                   |

|  |   |   |       |                       | BMJ Open |   |   |   | cop                       | 36/bmjoper                              |         |  |
|--|---|---|-------|-----------------------|----------|---|---|---|---------------------------|---|---------|--|
| 12.michael Young et<br>al., 2008 Canada<br>nurses-22   | Y | N | Y     | Y                     | Y        | N | N | Y | Yngni, Including for<br>Y | 136/bmjopen-2021-058523 on 15 July 2022 | exclude | Study done<br>a time<br>assisted<br>death not<br>legal, so don<br>not meet |
| 13. Rosanne Beuthin<br>et al., 2018 Canada<br>nurses-17  | Y | Y | Y     | Ŷ                     | Y        | N | N | Y | Y Y I EIA                 | July 2022                               | include | inclusion<br>criteria.   |
| 14.eva Bolt et al., 2017<br>Netherlands<br>paediatrician-8   | Y | Y | Y O L | Y                     | Y        | N | N | Y | NR IO IE                  | Downl                                   | Include |  |
| 15.Dolores Angela<br>Castelli Dransart et al.,<br>2017 Switzerland-20<br>nurse, 1 physician, 8<br>directors, 3 socio-<br>cultural animators. | Y | Ŷ | Y     | Y<br>P<br>P<br>P<br>P | Y        | N | N | Y | Y ANG DATA IN             | baded from ht<br>aperieur (ABE          | Include |  |
| 16. Marianne Dees et<br>al., 2012 Netherlands-<br>phy-28   | Y | Y | Y     | Y                     | Y        | N | N | Y | ү шіў, А                  | p://bmj                                 | include |  |
| 17. Theresa Harvath et<br>al., 2006. USA hospice<br>social workers-20  | Y | Y | Y     | Y                     | Y        | N | N | Y | Y anning                  | open.bm                                 | include |  |
| 18. Ina Otte et al.,<br>2017. Switzerland<br>GP's-20   | Y | Y | Y     | Ŷ                     | Y        | N | N | Y |                           |   | include |  |
| 19. Ada van de Scheur,<br>Arie van der Arend,<br>1998 Netherlands<br>Nurse-20  | Y | Y | Y     | Ŷ                     | Y        | N | N | Y |                           | June 11                                 | include |  |
| 20.Belanger E.et al.,<br>2019 Canada-palliative<br>care physicians-18  | Y | Y | Y     | Y                     | Y        | N | N | Y | Y Y                       | <b>2025</b>                             | include |  |
| 21. Jessica Shaw et al.,<br>2018. canada phy-8   | Y | Y | N     | Ŷ                     | Y        | N | N | Y | Unc                       | at Agence                               | Include |  |
| 22. Judith Schwartz<br>2004. USA nurses-10   | Y | Y | Y     | Y                     | Y        | N | N | Y | Y                         | e ,Bibliog                              | include |  |

Page 52 of 84

| 53 of 84  |   |   |     |   | BMJ Open |   |   |   |                       | 136/bmjopen-20;                |         |  |
|---|---|---|-----|---|----------|---|---|---|-----------------------|--------------------------------|---------|--|
|   |   |   |     |   |          |   |   |   | -opyrigi              | pen-202                        |         |  |
| 23. Dobscha SJ et al.,<br>2004. USA phy-35  | Y | Ν | Y   | Y | Y        | N | N | Y | Y 11010               | 2105852                        | Exclude | No theme<br>emotiona<br>impact.  |
| 24. Galusko et al.,<br>2015, Germany 19<br>specialized palliative<br>care physicians. | Y | Y | Y   | Y | Y        | N | N | Y |                       | and for uses                   | Exclude | Desire to<br>hasten de<br>definition<br>ambiguou                                 |
| 25. Susanne Brauer et<br>al., 2015. Switzerland,<br>12 physicians                     | Y | Y | Y   | Y | Y        | N | N | N | I GIQU                | 2022.<br><del>cigne</del>      | Exclude | Opinions<br>known, b<br>no emotio<br>ipact ther                                  |
| 26. Linda (b) Oregon<br>phy-35  | N | Y | YOL | Y | Y        | N | N | Y |                       |                                | Exclude | Physician<br>opinion o<br>patients r   |
| 27. Deborah-texas<br>nurses-36  | N | Y | N   |   | Ŷ        | N | N | Y | Unc                   | ogded from hi<br>apericur (ABE | Exclude | No of the<br>nurses<br>participat<br>in assisted<br>suicide in<br>any way        |
| 28. D Van Rooyan,<br>Dutch nurses-7   | N | N | Y   | Y | Y        | N | N | Y | N U, A La III,<br>Y Y |                                | Exclude | More with<br>withdraw<br>treatmen<br>does not<br>meet crite                      |
| 29. vanderspank<br>canada Nurses  | N | N | Y   | Y | Y        | N | N | Y | ۲ Y                   | ubmj.com/ on Ju                | Exclude | SR on nur<br>experienc<br>with<br>withdraw<br>treatmen<br>does not<br>meet crite |
| 30. Joanne Wolfe USA<br>324 Oncologists   | Y | Ν | N   | Y | Y        | Ν | N | Ν | Y                     | ige 11, 2025 at Agençe         | Exclude | Telephon<br>based sur<br>interview   |
| 31. Booij et al., 2012<br>Netherlands 15<br>physicians                                | Y | N | Y   | Y | Y        | N | N | N | Y                     | nçe Bibliographique de l       | Exclude | No particu<br>descriptio<br>emotiona<br>impact                                   |
| 32. Denier et al., 2010<br>Belgium 18 Nurses  | Y | N | Y   | Y | Y        | N | N | Y | Y                     | graph                          | Exclude | More abo<br>communi  |

|   |   |   |   |   | BMJ Open |   |        |   |   | ed by copy                      | s/hmiopen-                    |         |   |
|---|---|---|---|---|----------|---|--------|---|---|---------------------------------|-------------------------------|---------|---|
|   |   |   |   |   |          |   |        |   |   |                                 | 136/hminnen-2021 058522 on 15 |         | on and<br>communica<br>on attitudes<br>and not<br>about<br>emotional<br>impact                          |
| 33. Bernadette Dierckx<br>2010 Belgium 18<br>nurses             | Y | N | Y | Y | Y        | N | N      | Y | Y | Enseignement<br>uses related to |                               | Exclude | Stage of<br>carrying out<br>request, no<br>emotional<br>impact<br>described.                            |
| 34. sercu et al. 2012   | Y | N | Y | Y | Y        | N | N      | Y | Y | Superieur (/<br>text and data   | n loaded from                 | Exclude | Palliative<br>sedation an<br>euthanasia-<br>boundry lin<br>unclear in th<br>paper.                      |
| 35. Volker 2007 USA.<br>19 oncology advanced<br>practice nurses | Y | N | Y | Y | N        | N | N      | Y | Y | ABES) .<br>a mining, Al traini  | http://hmionon                | Exclude | No<br>engagemer<br>in assisted<br>death as<br>illegal in the<br>place of<br>practice.                   |
| 36. Thulesius et al.<br>2013 Sweden                             | Y | N | Y | Y | N        | N | Y<br>O | N | Y | ng, and similar techr           |                               | Exclude | No<br>engagemer<br>assisted<br>death is<br>illegal in<br>Sweden.<br>Majority da<br>from HCPs<br>Sweden. |
| 37. Marike E. de Boer<br>2011 Netherlands.                      | Y | N | Y | Y | N        | N | Y      | Y | Y | nologi                          | 2025                          | Exclude | Experiences<br>but no<br>emotional<br>impact  |
| 38. Neel De Bal 2006<br>Belgium                                 | Y | N | Y | Y | N        | N | Y      | Y | Y | as.                             | A conce Bibliogra             | Exclude | Conducted<br>a time whe<br>Euthanasia<br>was still<br>illegal, hend<br>does not<br>meet                 |

| Page 5                                 | 5 of 84  |   |   |                 |                    | BMJ Open       |               |           |          | cted by                          | 136/bmj                                   |         |   |
|--|--|---|---|-----------------|--------------------|----------------|---------------|-----------|----------|----------------------------------|---|---------|---|
| 1<br>2                                 |  |   |   |                 |                    |                |               |           |          | cted by copyright, indludii<br>≻ | 136/bmjopen-2021-05                       |         |   |
| 3<br>4                                 |  |   |   |                 |                    |                |               |           |          | ht, in                           | 21-05                                     |         | inclusion<br>criteria.  |
| 5                                      | 39. Bernadette 2006<br>Belgium   | Y | N | Y               | Y                  | N              | N             | Y         | Y        | cludi<br>۲                       | 58523                                     | Exclude | As above.   |
| 6<br>7                                 | 40. Veerport et al<br>2006 USA   | Y | N | Y               | Y                  | Ν              | N             | Y         | Y        | ng fo<br>Y                       | ŷn  | Exclude | As above  |
| 8<br>9<br>10<br>11                     | 41. Wright et al., 2017<br>Canada  | Y | N | Y               | Y                  | N              | N             | Y         | Y        | r uses relat<br>≻                | 2022                                      | Exclude | Data<br>collected in<br>2012-2013<br>when MAiD<br>illegal.  |
| 12<br>13<br>14<br>15<br>16<br>17       | 42. Curry et al., 2000<br>USA, Connecticut 909<br>physicians.                  | Y | N | YO              | Y                  | N              | N             | N         | N        | ed to text and d<br>≻            | Downloaded fr<br><del>ment Superieu</del> | Exclude | Assisted<br>suicide illegal,<br>Plus<br>experiences<br>and no<br>emotional<br>impact                    |
| 18<br>19<br>20<br>21<br>22<br>23<br>24 | 43. Susan Price 2001<br>USA, 11 nurses and 10<br>physicians. North<br>Carolina | Ŷ | N | Y               | Y                  | N              | N             | Y         | Y        | ata mining, Al train<br>≻        | om http://bmjopen.t                       | Exclude | Assisted<br>suicide illegal<br>in North<br>Carolina,<br>hence does<br>not meet<br>inclusion<br>criteria |
| 25<br>26<br>27<br>28                   | 44. France Norwood<br>2009 Netherlands   | Y | N | Y               | Y                  | N              | N             | Y         | Y        | ng, and sim<br>~                 | bynj.com/ or                              | Exclude | No emotional<br>impact.<br>Evaluates<br>absence of<br>abuse   |
| 29<br>30<br>31<br>32<br>33<br>34       | 45. Smith et al., 2013<br>USA, South Mississippi                               | Y | N | Y               | Ŷ                  | N              | N             | Y         | Y        | ilar technologies.<br>≻          | June 11, 2025 at                          | Exclude | Assisted<br>death illegal<br>in mississippi<br>and hence<br>does not<br>meet<br>inclusion<br>criteria   |
| 35<br>36<br>37                         | 46. Beuthin et al.,<br>2020 Canada 8<br>physicians.                            | Y | Y | Y               | Y                  | N              | N             | Y         | Y        | Y                                | Agence                                    | include |   |
| 37<br>38<br>39<br>40                   | 47. Khosnood et al.,<br>2018 19 physicians,<br>Canada                          | Y | Y | Y               | Y                  | N              | N             | Y         | Y        | Y                                | e <u></u> Bibliog                         | Include |   |
| 41<br>42<br>43<br>44<br>45<br>46       |  |   |   | For peer reviev | v only - http://bn | njopen.bmj.com | /site/about/g | guideline | es.xhtml |                                  | Bibliographique de l                      |         |   |

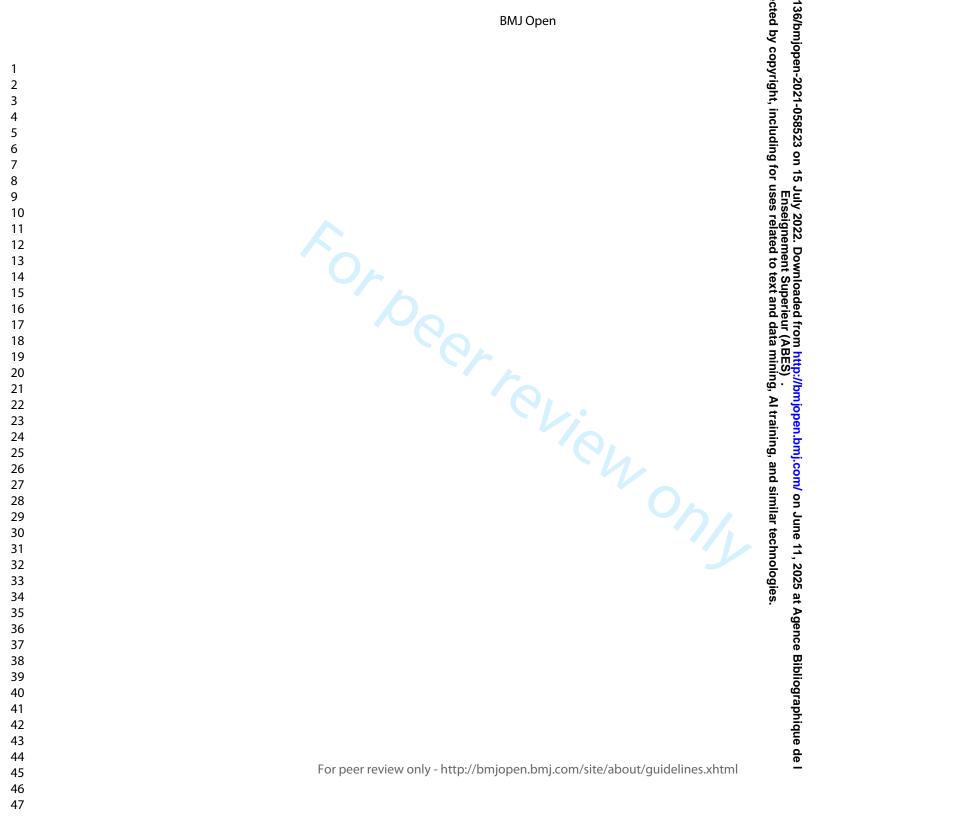
|   |  |  |   | I   | BMJ Open |   |                              |  | rted by copyright, including fo |   |         | Pa   |
|---|--|--|---|---|----------|---|------------------------------|--|---------------------------------|---|---------|--|
| 48. Pesut et al., 2020<br>59 RN and NPs,                                    | Y  | Y  | Y   | Y   | Ν        | Y | Y                            | Y  | ight, inc                       | Y<br>P  | include |  |
| Canada<br>49. Keri-Lyn Durant<br>and Katherine kortes<br>Miller 2020 Canada | Y  | Y  | Y   | Y   | N        | Y | Y                            | Y  | luding fo                       | γ   | Include |  |
| 50. Snijdewind et al.,<br>2016 Netherlands 28<br>physicians                 |  | Y  | Y   | Y   | Ν        | N | Y                            | Y  | Enso<br>Enso<br>Fuses           | Y   | include |  |
| 51. Mathews et al.,<br>2021. Canada<br>23 palliative care<br>providers (13  | Y  | У  | Y   | У   | N        | N | Y                            | Y  | related to text                 | Υ<br>Σ  | include |  |
| physicians, 10 nurses   | .)   |  | C<br>C  |   |          |   |                              |  | Superieur (& E<br>ext and date  |   |         |  |
| Grey JBI<br>literature Checklist  | Q1:Congruity<br>b/w philosophy<br>and research | Q2:congruity<br>b/w research<br>method &question | Q3:congruity b/w<br>Research method<br>&Data collection | Q4:congruity b/w<br>Research method &<br>analysis |          |   | Influence<br>Of<br>Researche | Q8:<br>Adequate<br>Representa<br>Tion of<br>Participants | appr#//a                        | al Q10:<br>Conclusio<br>Flows fro<br>analysis |         | Reason for<br>exclusion  |
| 1.Rosanne<br>Beuthin, 2018.<br>Canada. Nurse-1                              | Y  | У  | Y   | Y   | Y        | N | N                            | Y  | njopen.⊧<br>Al traini           | Y   | include |  |
| 2. Evenblij et al.,<br>2019. Netherlands,<br>1374 phys                      | Y  | Y  | Y   | Y   | Y C      | N | N                            | N  | ng, and simila                  | Y   |         | Exclude.<br>12 page ques<br>Ionnaire surve<br>Indepth expl<br>Oration of em<br>Impact. |
| 3. Alison Townsley<br>2018, Canada. 7<br>Nurses, SW and<br>PSWs.            | Y  | Ŷ  | Y   | Y   | Y        | Y | N                            | Y  | r techn                         | Y   | include |  |
| 4. Gamondi et al.,<br>2017, Switzerland.                                    | Y  | Y  | Y   | Y   | Y        | N | N                            | Y  | zuzs at Agence<br>ologies.      |   | include |  |
| 23 palliative care<br>physicians  |  |  |   | v   | Y        | N | N                            | Y  | Y P                             | Y   | include |  |
| 23 palliative care<br>physicians<br>5. Bouthillier M-E,<br>Opatrny L 2019   | Y  | Y  | Ŷ   |   |          |   |                              |  | C C                             |   |         |  |

## Page 56 of 84

| Page 57  | 7 of 84  |   |  |   | I   | 3MJ Open  |  |  |                           | 136/bmjopen-2021-058523<br>cted by copyright <u>,</u> includii                      |              |         |   |
|--|--|---|--|---|---|---|--|--|---------------------------|---|--------------|---------|---|
| 1<br>2   |  |   |  |   |   |   |  |  |                           | pen-20;<br>opyrigl  |              |         |   |
| 3  | 7 Bruce A,   | Y | Y  | Y   | Y   | Y   | N  | Ν  | Y                         | 7 <u>1</u><br>  | Y i          | nclude  |   |
| 4<br>5<br>6<br>7   | Beuthin R 2019.<br>8. Buchbinder et al, 2019<br>Vermont, USA. 37 health<br>Care providers                      | Y | Y  | Ŷ   | Y   | Y   | N  | Y  | Y                         | on<br>ng t  | Y I          | nclude  |   |
| 8  | 9 Allyson Oliphant<br>2017, Canada   | Y | Y  | Y   | Y   | Y   | Y  | N  | Y                         | lor<br>γus<br>γus   | Y i          | nclude  |   |
| 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16                                      | 10 Kopchek,<br>Lauren 2020,<br>Canada. (masters thesis or<br>10 Palliative care<br>Nurses)                     | Y | Y  |   | Y   | Y   | N  | N I                                      | N                         | 5 July 2022. Downloaded fi<br>Enseignement Superieu<br>r uses related to text and c | Y            |         | Exclude as<br>study<br>explored<br>the ethical decis<br>making<br>experiences<br>rather than<br>emotional           |
| 17<br>18<br>19<br>20<br>21<br>22   | 11 Gaignard, ME.,<br>Hurst, S. 2019.<br>Switzerland. 26<br>Palliative as well as<br>Primary care<br>Providers. | Y | Y  | Ŷ   | YC C  | ř<br>(2)  | N  | N  | Y                         | d from http://bmjoper<br>ieur (ABES) .<br>d data mining, Al trai                    | Y            |         | impact.<br>Exclude.<br>Explores<br>Perspective on<br>Existential<br>Suffering and<br>Not on<br>Emotional<br>Impact. |
| 23<br>24<br>25<br>26<br>27<br>28<br>29   | 12 Ellen Wiebe et<br>Al, April 2021.<br>Canada. 14<br>Physicians and 1 NP                                      | Y | Y  | Y   | Y   | Y G   | N  | N  | Y                         | en.bmj.com/ on Jur<br>aining, and similar t   | Y            |         | Exclude.<br>Themes of<br>Difficulties<br>Providing<br>MAiD during<br>Covid 19<br>Rather than emo                    |
| 30<br>31   | 13. Sheridan, Laura<br>2017  | Y | Y  | Y   | Y   | Y   | Ν  | N  | Y                         | ne 11<br>techr  | Y i          | include |   |
| 32<br>33<br>34<br>35<br>36<br>37<br>38<br>39<br>40<br>41<br>42<br>43<br>44<br>45 |  |   | i <mark>l tool: The Joann:</mark><br>unn Z, Porritt K. C | a Briggs Institute<br><u>http:</u><br>Qualitative researc | Critical appraisal t<br>//joannabriggs.org<br>ch synthesis: metho<br>20 | Iedline, EMBASE, o<br>cools for use in Sys<br>g/research/critical<br>odological guidanc<br>015;13(3):179–187<br>open.bmj.com/si | tematic revie<br>l-appraisal-to<br>e for systema | ews: checkli<br>ols.html<br>atic reviewe | i <mark>st for Qua</mark> | , 2025 at <u>seasch</u><br>ure seasch<br>alitative                                  | earch Availa |         |   |
| 46<br>47   |  |   |  |   |   |   |  |  |                           |   |              |         |   |

| otal # Records after de-duplication             | nber 10th 2018 to March 1st, 2019, updated August 20<br>ion: 13. Records selected after applying critical apprais<br>Search strategy                               | -           | 23 on 15 Ju<br>ding for us               |
|---|--|-------------|--|
| otal # Records after de-duplication             | ion: 13. Records selected after applying critical apprais  | al tool: 8. | ᇩᇳᄕᆂ                                     |
| otal # Records after de-duplication             | ion: 13. Records selected after applying critical apprais  | al tool: 8. | ᇩᇳᄕᆂ                                     |
|   | Search strategy  | #records    | ᇩᇳᄕᆂ                                     |
|   | Search strategy  | #records    |  |
|   |  |             | # new record                             |
|   | <u> </u>   | screened    | after de-dup to the and applying crit    |
| ;   | With the exact phrase: "Medical assistance in dying"<br>; "physician assisted suicide"; With all the words:<br>"emotional impact on health care providers involved | 400         | Downloaded thent Superieu<br>to text and |
|   | in medical assistance in dying"  |             |  |
| Des Lebris/Canadian<br>Electronic Library       | Medical assistance in dying  | 5           | 0 data m                                 |
| Canadian Institute of Health Information (CIHI) | Medical assistance in dying  | 7           | 0<br>0<br>0<br>0                         |
| -   | Medical Assistance in dying, Physician assisted  | 206         | 2 Ģ <u>3</u>                             |
| · · · · · · · · · · · · · · · · · · ·           | suicide as key word  |             |  |
|   | Medical assistance in dying, Physician Assisted suicide as key word  | 4           | 0 I simil                                |
|   | Subject Heading search: "Medical Assistance in   | 670         |  |
| Search Engine) c                                | dying"   |             | ne 11, 2025 at<br>technologies.          |

| Page 59 of 84                    | BMJ Open   | cted  | 136/b  |
|----------------------------------|--|---|--|
|                                  |  | by co   | 136/bmjope   |
| 1<br>2                           |  | opyrię  | oen-20   |
| 3                                | Selected records:  | cted by copyright, includin                               | 021-0  |
| 5                                | Google scholar included Results:   | ncludi  | 5852 <b>3</b>  |
| 6<br>7                           | 1. Beuthin R. Cultivating Compassion: The Practice Experience of a Medical Assistance in Dying Coordinator in Canad  | ō   | g<br>ua <u>li</u> tative Health Research.  |
| 8<br>9                           | 2018;28(11):1679-1691. doi: <u>10.1177/1049732318788850</u>  | r uses  | 5 July   |
| 10<br>11<br>12<br>13             | <ol> <li>Bouthillier M-E, Opatrny L. A qualitative study of physicians' conscientious objections to medical aid in dying. Palli<br/>1220. doi:<u>10.1177/0269216319861921</u></li> </ol>   | related t   | ei 20<br>Seventie: 2019;33(9):1212-  |
| 13<br>14<br>15                   | 3. Bruce A, Beuthin R. Medically Assisted Dying in Canada: "Beautiful Death" Is Transforming Nurses' Experiences of  | SUB   | area sector and the s |
| 16                               | Nursing Research. June 2019. doi: <u>10.1177/0844562119856234</u>  | and   | aded f   |
| 17<br>18                         | 4. Alison A. Townsley. Putting a Bow on Death and Dying-Health Care Professionals' Experiences with Medical Assista  | an Sai<br>an Sai<br>an Sai                                | ਤ ਰੱ<br>ਜਿਸ਼ਰ<br>Dying (MAiD): A Foucauldian   |
| 19<br>20<br>21                   | Discourse Analysis with Agambian Insights. [Practice Based Research Paper on the Internet]. York University School of Socia 28,2019] Available from: <a href="https://yorkspace.library.yorku.ca/xmlui/bitstream/handle/10315/35613/Alison Townsley PRP">https://yorkspace.library.yorku.ca/xmlui/bitstream/handle/10315/35613/Alison Townsley PRP</a> |   |  |
| 22<br>23                         | 5. Gamondi C, Borasio GD, Oliver P, Preston N, Payne S. Responses to assisted suicide requests: an interview study w   | /it   | Swass palliative care physicians.  |
| 24<br>25<br>26                   | BMJ Support Palliat Care. 2019 Mar;9(1):e7. doi: 10.1136/bmjspcare-2016-001291. Epub 2017 Aug 11. Available from <a href="https://pubmed.ncbi.nlm.nih.gov/28801317/">https://pubmed.ncbi.nlm.nih.gov/28801317/</a>   | ning, and   | ı.bmj.cor  |
| 27<br>28                         | OAIster included Results:  | l simil   | n/ on ,  |
| 29<br>30<br>31                   | 1. Implementing Medical Aid-in-Dying in Vermont: a Qualitative Study. <i>J GEN INTERN MED</i> <b>34,</b> 636–641 (2019). <u>https://d811-1</u>   | artechno  | oigyrg/10.1007/s11606-018-   |
| 32<br>33<br>34                   | 2. Allyson Oliphant. "If Not Me, Then Who?" The Narratives of Medical Aid in Dying (MAiD) Providers and Supporters and Role in MAiD [Thesis on the Internet]. MacMaster University; 2017. [Cited on February 10, 2019]. Available from <u>http:/</u>   | s <b>(20</b> 00)<br>// <b>10</b> 000<br>// <b>100</b> 000 | l.handle.net/11375/22146   |
| 35<br>36                         | BASE included results:   |   | Agenc  |
| 37<br>38<br>39<br>40<br>41       | 1. Sheridan, Laura, "When Patients Ask to Die: The Role of Nurses in Medical Assistance in Dying" (2017). Electronic 5041. <u>https://ir.lib.uwo.ca/etd/5041</u>   | Thes  | <b>.</b>   |
| 42<br>43<br>44<br>45<br>46<br>47 | For peer review only - http://bmjopen.bmj.com/site/about/guidelines.xhtml  |   | liographique de l  |



Page 60 of 84

| 2<br>3<br>4  |                                   | Table 2: Description   | n of articles include  | d in qualitative meta-                         | <u>synthesis:</u>   |  |   |
|--|-----------------------------------|--|--|--|---|--|---|
| 5<br>6<br>7<br>8   | Study                             | Number and<br>country of origin<br>of participants                           | Description of<br>participants   | Extent of<br>engagement in the<br>MAiD process | Method of<br>interview  | Method of<br>analysis  | Emotional theme<br>explored   |
| 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16<br>17<br>18<br>19  | 1.<br>Voorhees<br>et al.,<br>2014 | 23 physicians, 18<br>from USA (5 from<br>Oregon), and 18<br>from Netherlands | @40% from<br>primary care,<br>majority >40<br>years  | Physician assisted<br>dying discussions.       | 40-70 min,<br>one-one<br>semi<br>structured<br>interviews   | Modified 5-step<br>framework-<br>familiarization,<br>identifying a<br>theme, indexing,<br>charting, mapping<br>and<br>interpretation.  | Themes related to<br>reflective<br>emotions and<br>sense of growth<br>along with themes<br>emotional labor<br>and conscientious-<br>based emotions. |
| 20<br>21<br>22<br>23<br>24<br>25<br>26<br>27<br>28<br>29<br>30<br>31<br>32<br>33<br>34   | 2.<br>Marwijk<br>et<br>al.,2007   | 22 primary care<br>physicians,<br>Netherlands                                | Variable range of<br>experience, 5<br>PCPs participated<br>in the Support<br>and Consultation<br>Regarding<br>Euthanasia<br>(SCRN)   | Discussing and<br>performing assisted<br>death | 4 focused<br>groups,<br>homogeniz<br>ed as per<br>age and<br>gender.  | Content analysis<br>within a coding<br>frame of three<br>themes of (1)<br>emotional<br>experience; (2)<br>coping (dealing<br>with and<br>managing the<br>event) and (3)<br>role of the<br>physician. | Themes related to<br>reflective<br>emotions and<br>sense of growth<br>along with themes<br>emotional labor<br>and conscientious-<br>based emotions. |
| 35<br>36<br>37<br>38<br>39<br>40<br>41<br>42<br>43<br>44<br>45<br>46<br>47<br>48<br>49<br>50<br>51<br>52<br>53<br>54<br>55<br>56 | 3. Denier<br>et al.,<br>2010      | 18 nurses from 5<br>provinces of<br>Flanders, Belgium                        | Registered nurses<br>(13 women, 5<br>men) of geriatric,<br>oncology, internal<br>medicine, and<br>palliative care. All<br>had positive<br>attitude, except<br>one who was<br>conscientiously<br>objecting. | Discussing and<br>performing assisted<br>death | 1.5h in-<br>depth<br>interviews,<br>think back<br>to a<br>specific,<br>recent case<br>of caring for<br>a patient<br>requesting<br>euthanasia<br>and to<br>recount the<br>way in<br>which they<br>experience<br>d this | Grounded theory<br>design  | Themes related to<br>role-assigned<br>emotions along<br>with themes of<br>emotional labor.  |

59 60

| 2<br>3<br>4<br>5   |   |  |   |  | process as a<br>whole  |  |   | ]   |
|--|---|--|---|--|------------------------|--|---|---|
| 6<br>7<br>8<br>9<br>10<br>11<br>12<br>13<br>14   | 4. Norton<br>et al.,<br>2012            | 9 social worker<br>hospice<br>practitioners in<br>Oregon, USA. | Represent several<br>health systems in<br>Oregon  | involved in<br>discussions with<br>family of those<br>participating in<br>assisted death ('add<br>on') and 'context<br>interpreters' | Focused<br>group       | Thematic analysis  | Themes related to<br>role-assigned<br>emotions (for<br>example advocacy<br>and feeling of<br>being a 'gate-<br>keeper')                             | Protected by  |
| 15<br>16<br>17<br>18<br>19<br>20<br>21<br>22<br>23<br>24   | 5.<br>Georges<br>et al,<br>2008         | 30 general<br>physicians in<br>Netherlands.                    | 71% male, 29%<br>female, 46% had<br>restrictive and<br>14% had<br>permissive<br>attitudes towards<br>euthanasia.  | 89% had received<br>explicit requests<br>and were involved<br>in discussions, and<br>64% had<br>participated in EAS                  | In-depth<br>interviews | Constant<br>comparative<br>method of<br>analysis   | Emotional theme<br>of reflective<br>emotions<br>(example, feeling<br>of sense of<br>growth)   | copyright, including for us   |
| 24<br>25<br>26<br>27<br>28<br>29<br>30<br>31<br>32<br>33<br>34<br>35<br>36<br>37<br>38<br>39             | 6.Snijde<br>wind et<br>al., 2014        | 28 General<br>Physicians in<br>Netherlands                     | Physicians who<br>had received a<br>request from<br>someone<br>suffering from<br>dementia or a<br>psychiatric illness,<br>or who was "tired<br>of living," as<br>these are cases<br>that are often<br>regarded as<br>complex. | Involved in decision<br>making of assisted<br>death for respective<br>patients.  | In-depth<br>interviews | Open coding and<br>inductive analysis  | Emotional theme<br>of reflective<br>emotions<br>(example,<br>reflecting on<br>individual meaning<br>of suffering)                                   | Enseignement Superieur (ABES) .<br>by copyright, including for uses related to text and data mining, Al training, and |
| 40<br>41<br>42<br>43<br>44<br>45<br>46<br>47<br>48<br>49<br>50<br>51<br>52<br>53<br>54<br>55<br>56<br>57 | 7. Katja<br>ten Cate<br>et al.,<br>2017 | 15 General<br>Practitioners in<br>Netherlands                  | 8 GPs with liberal<br>attitude, 5 with<br>conservative<br>attitude and 2<br>with neutral<br>attitude towards<br>assisted death.<br>Mean age 51.2<br>years.  | 1-2/>2 assisted<br>deaths performed.   | In-depth<br>interviews | several phases of<br>coding (axial and<br>selective coding);<br>codes were<br>refined, sub<br>codes and<br>overarching codes<br>were assigned<br>and relationships<br>between codes<br>were explored.<br>Interviews were<br>also analysed as a<br>whole, to look for | Emotional theme<br>of reflective<br>emotions<br>(example,<br>reflecting on<br>feelings of what is<br>happening during<br>the last stage of<br>life) | g, and similar technologies.  |

For peer review only - http://bmjopen.bmj.com/site/about/guidelines.xhtml

|  |  |   |  |  |   | patterns and<br>inconsistencies in<br>reasoning.  |   |
|--|--|---|--|--|---|---|---|
| 2<br>2<br>3<br>4<br>5<br>5<br>7<br>8<br>9<br>9 | 8.<br>Donald G<br>Van Tol<br>et al.,<br>2012 | 15 physicians in<br>Netherlands         | Fourteen of them<br>were general<br>practitioners.<br>Seven of them<br>were also active<br>as a consulting<br>doctor, one was a<br>nursing home<br>doctor who was<br>also working as a<br>consulting doctor. | Physicians were<br>consulting doctors<br>of Euthanasia and<br>have successfully<br>completed a formal<br>training program.   | In-depth<br>semi-<br>structured<br>interviews | Grounded theory<br>approach by<br>Glaser and<br>Strauss and<br>Glaser                                       | Emotional theme<br>of reflective<br>emotions<br>(example 'imagine<br>self', cognitive<br>reflection)                    |
| 2<br>3<br>1<br>1                               | 9.<br>Melchor<br>Lorraine<br>2018            | 8 social workers<br>in California, USA. | 75% female with<br>60% having an<br>average 5 years of<br>experience in<br>hospice care.   | assist patients and<br>family with the<br>death and dying<br>process, may<br>connect them to<br>additional<br>community<br>resources, and offer<br>counseling to<br>improve and<br>maintain emotional,<br>psychological,<br>social, and<br>physical well-being | In-depth<br>semi-<br>structured<br>interviews | Open coding,<br>axial coding,<br>selective coding,<br>and conditional<br>matrix stages of<br>data analysis. | Emotional theme<br>of role-assigned<br>emotions<br>(example, feeling<br>of pro-self-<br>determination and<br>advocacy). |
|  | 10. Miller<br>et al.,<br>2002                | 8 social workers<br>in Oregon, USA      | 2 men, 6 women,<br>age range of 27-<br>64, 3-22 years'<br>experience in<br>hospice care  | Active engagement<br>in end-of-life care<br>and assisted suicide<br>discussions.   | interviews                                    | Ethnographic<br>study and<br>constant<br>comparative<br>method of<br>analysis                               | Emotional theme<br>of role-assigned<br>emotions<br>(example advocacy<br>and self-<br>determination)                     |
| l  | 11.<br>Beuthin<br>et al.,<br>2018            | 17 Nurses in<br>Canada                  | NPs, RNs, and<br>LPNs, from urban<br>and rural areas<br>across Vancouver<br>Island, British<br>Columbia,<br>working across   | 15 nurses had direct<br>experience with<br>MAiD, 7 were<br>involved in some<br>aspect of assisted<br>death in the<br>patient's journey<br>(e.g., providing   | In-depth<br>semi<br>structured<br>interviews  | Descriptive<br>narrative enquiry<br>and thematic<br>analysis  | Emotional theme<br>of reflective<br>emotions<br>(example, a sense-<br>making process)                                   |

| Page 64 d | of 84 |
|-----------|-------|
|-----------|-------|

|  |   | settings including<br>acute care,<br>residential care,<br>primary care<br>clinics, and<br>community and<br>palliative care.                             | information, acting<br>as witness to the<br>medical assessment,<br>providing care<br>before or after, etc.)   |   |   |  |
|--|---|---|---|---|---|--|
| 12. Bolt<br>et al.,<br>2016  | 8 pediatricians in<br>Netherlands   | 8 pediatricians<br>who were<br>interviewed were<br>5 men and 3<br>women, aged 44–<br>62y, working in<br>four academic<br>and three general<br>hospitals | 25% had received<br>an explicit request<br>for Physician-<br>assisted death, with<br>7% in the last two<br>years, and the<br>requests were<br>mostly made by<br>parents (25%) and<br>sometimes by<br>patients (6%)  | Semi-<br>structured<br>interviews                                 | Qualitative<br>Analysis Guide of<br>Leuven method<br>was used for the<br>analysis. Mixed<br>method<br>approach. | Emotional theme<br>of role-assigned<br>emotions<br>(example, feeling<br>of duty)                       |
| 13.<br>Dolares<br>Angela<br>Castelli<br>Dransart<br>et al.,<br>2017. | 1 physician, 8<br>directors of<br>sociomedical<br>institutions or<br>organizations, 10<br>head nurses, 8<br>nurses, 10 nursing<br>assistants or care<br>assistants, and 3<br>sociocultural<br>animators,<br>Switzerland<br>confronted with<br>assisted suicide<br>requests. | 27 men, 13<br>women, mean<br>age 52y.   | 14 had been faced<br>with suicide or<br>assisted suicide in<br>their personal life,<br>beside the situation<br>of assisted suicide<br>at work. None of<br>the respondents<br>interviewed had<br>physically provided<br>the lethal substance<br>to perform the<br>assisted suicide (a<br>task assigned to<br>Right to Die<br>associations), nor<br>were they directly<br>involved in the<br>decision-making<br>process that<br>enabled the assisted<br>suicide to take place<br>(except for one<br>physician). In fact,<br>the vast majority of<br>these professionals | Semi-<br>directive<br>interviews<br>conducted<br>at<br>workplace. | Grounded theory<br>using 3 types of<br>coding-open, axial<br>and selective.                                     | Emotional theme<br>of role assigned<br>emotions<br>(example, feeling<br>of professional<br>compromise) |

|  |   | <b>1</b> 0 <b>1</b>  | (except for two)<br>declared that not<br>only did they<br>appreciate the fact<br>that Right to Die<br>associations<br>assumed the task of<br>delivering the lethal<br>substance and<br>physically assisting<br>the requestor, but<br>they also did not<br>want to be led to do<br>it themselves in the<br>future |  |                   |  |
|--|---|--|--|--|-------------------|--|
| 14.<br>Mariann<br>e Dees et<br>al., 2012 | 28 physicians in<br>Netherlands                               | 20 males, 8<br>females, 22 GPs, 1<br>elderly care 2 GP<br>trainees and 1<br>psychiatry | once in 3-5 years'<br>experience with<br>assisted death.   | In-depth<br>interviews<br>with<br>patients<br>who had<br>explicitly<br>requested<br>assisted<br>death, their<br>most<br>involved<br>relatives<br>and their<br>treating<br>physicians | Thematic analysis | Emotional theme<br>of reflective<br>emotions<br>(example,<br>relational and<br>feeling of trust in<br>physician-patient<br>relationship)             |
| 15.<br>Harvath<br>et al.,<br>2006        | 20 hospice social<br>workers and<br>nurses in Oregon,<br>USA. |  | The 20 hospice<br>social<br>workers/nurses<br>described 33<br>different cases of<br>terminally ill<br>patients who had<br>requested them to<br>hasten death<br>through physician<br>assisted suicide (n =<br>22)   | Semi-<br>structured,<br>In-depth<br>interviews.  | Thematic analysis | Emotional them of<br>role-assigned<br>emotions<br>(example, feeling<br>of professional<br>failure,<br>professional<br>dilemmas and<br>inner debate). |

57

| Page 6 | 6 of 84 |
|--------|---------|
|--------|---------|

| 16. Ina<br>Otte et<br>al., 2016                                     | 20 General<br>practitioners<br>(GPs) in<br>Switzerland., 3<br>declined to<br>participate due to<br>personal<br>discomfort with<br>assisted death. | GPs who had<br>chosen to refuse<br>to assist a<br>patient's suicide<br>comprise the<br>largest group in<br>the study and<br>provided the<br>most insights.   | Receive 1-3<br>requests of<br>physician assisted<br>suicide per year.<br>2/3 <sup>rd</sup> of the GPs<br>interviewed had<br>chosen to refuse<br>to assist a patient's<br>suicide comprised<br>the largest group in<br>the study and<br>provided the most<br>insight into their<br>handling<br>of requests for PAS. | In-depth<br>semi-<br>structured<br>interviews. | Thematic analysis   | Emotional theme<br>of basic emotions<br>with conscience-<br>based<br>avoidance/rejectio<br>n of MAiD<br>(example, feeling<br>of moral distress) |
|---|---|--|--|--|---|---|
| 17. Ada<br>van de<br>Scheur<br>and Arie<br>van der<br>Arend<br>1998 | 20 nurses in<br>Netherlands   | According to<br>different phases<br>of Euthanasia:<br>Observation of a<br>request for<br>euthanasia: 17<br>nurses. 2)<br>Decision making:<br>14 nurses. 3)<br>Carrying out of<br>euthanasia: 12<br>nurses. 4)<br>Aftercare: 14<br>nurses | Engagement as per<br>different phases of<br>Euthanasia   | In-depth<br>semi-<br>structured<br>interviews. | Thematic analysis   | Emotional theme<br>of role-assigned<br>emotions<br>(example, feeling<br>of moral distress)  |
| 18.<br>Emmanu<br>elle<br>Bélanger<br>et al.,<br>2018                | 18 university<br>affiliated<br>palliative care<br>physicians in<br>Quebec, Canada   | Participants<br>positioned<br>themselves<br>opposite<br>euthanasia   | majority of the<br>palliative care<br>physicians on staff<br>at the palliative care<br>units of two public<br>hospitals located in<br>an urban area of<br>Quebec. All<br>participants were<br>full-time palliative<br>care physicians, and<br>like most palliative<br>care providers in                            | In-depth<br>semi-<br>structured<br>interviews. | Inductive<br>methodology of<br>Interpretive<br>description. | Emotional theme<br>of role-assigned<br>emotions<br>(example,<br>professional<br>dilemmas and<br>conflicting values<br>with palliative<br>care)  |

|  |   |  | Canada, the<br>majority of them<br>(16 out of 18) were<br>family physicians. As<br>expected, all<br>participants<br>expressed<br>discomfort with<br>euthanasia as an<br>aspect of end-of-life<br>care. All but one<br>denied the influence<br>of religious or |   |  |  |
|--|---|--|---|---|--|--|
| 19.<br>Jessica<br>Shaw et<br>al., 2018 | Eight physicians<br>who offered<br>MAID in British<br>Columbia in 2016,<br>Canada                   | 3 were from<br>greater<br>Vancouver, 3<br>were from<br>Victoria, and 2<br>worked in a small<br>community on<br>Vancouver Island.<br>Seven were family<br>doctors and 1 was<br>a general<br>internist. Their<br>ages ranged from<br>37 to 64 years.<br>There were 2 men<br>and 6 women; 6<br>worked full-time<br>and 2 worked<br>part-time. | political positions in<br>shaping their views.<br>Collectively, by the<br>end of December<br>2016, the 8<br>physicians in this<br>study had assessed<br>332 people who<br>were seeking MAID<br>and had completed<br>135 assisted deaths                       | In-depth<br>semi<br>structured<br>interview<br>via phone<br>call/email    | Qualitative<br>thematic analysis   | Emotional theme<br>of basic emotions,<br>especially positive<br>emotions<br>(example, sense of<br>fulfilment)            |
| 20.<br>Judith<br>Schwarz,<br>2004      | 10 nurses who<br>worked in home<br>hospice, critical<br>care, and<br>HIV/AIDS care<br>settings, USA | Four worked in<br>hospice home<br>care, three were<br>advance practice<br>nurses who<br>worked with<br>persons with<br>AIDS, two worked  | Nurses were eligible<br>to participate in this<br>study if they<br>believed that a<br>competent patient<br>had made a serious<br>request for their<br>help in dying.  | In-depth<br>interviews<br>done at<br>least twice<br>for 7<br>participants | van Manen's<br>approach to<br>phenomenology<br>phenomenologica<br>I interpretation<br>and analysis<br>(phenomenologic<br>al enquiry) | Emotional theme<br>of role-assigned<br>emotions<br>(example, feeling<br>of human-human<br>response and<br>connectedness) |

|               |         |                 | in critical care,               |                             |                        |                   |   |
|---------------|---------|-----------------|---------------------------------|-----------------------------|------------------------|-------------------|---|
|               |         |                 | and one was a                   |                             |                        |                   |   |
|               |         |                 | clinical nurse                  |                             |                        |                   |   |
|               |         |                 | specialist in the               |                             |                        |                   |   |
|               |         |                 | care of patients                |                             |                        |                   |   |
|               |         |                 | with spinal cord                |                             |                        |                   |   |
|               |         |                 | injuries. Two of the ten nurses |                             |                        |                   |   |
|               |         |                 | were male, all                  |                             |                        |                   |   |
|               |         |                 | were Caucasian,                 |                             |                        |                   |   |
|               |         |                 | middle-aged, well               |                             |                        |                   |   |
|               |         |                 | educated (three                 |                             |                        |                   |   |
|               |         |                 | PhDs; five                      |                             |                        |                   |   |
|               |         |                 | Masters of                      |                             |                        |                   |   |
|               |         |                 | Science in                      |                             |                        |                   | Emotional theme<br>of basic emotions<br>(for example<br>emotional labor,<br>burden and fear of<br>psychological<br>renercussions) |
|               |         |                 | Nursing), and                   |                             |                        |                   |   |
|               |         |                 | clinically                      | 0                           |                        |                   |   |
|               |         |                 | experienced (6–                 |                             |                        |                   |   |
|               |         |                 | 35 years)                       |                             |                        |                   |   |
| 21.           |         | 22              | 26 to 67 years                  | Physicians had              | Semi-                  | descriptive       | Emotional theme   |
| Mari          | ie-     | conscientiously | (mean: 45 years),               | received requests,          | structured             | thematic analysis | of basic emotions   |
| Eve           |         | objecting       | 12 of them were                 | had discussions with        | interviews.            |                   | (for example  |
|               | thillie | physicians in   | male (54.5%). 14                | patients regards to         | eight open-            |                   | emotional labor,  |
| r and         |         | Quebec, Canada  | Family physicians,              | MAiD, and                   | ended ques             |                   | burden and fear of  |
| Lucie<br>Opat |         |                 | 2 oncology and 1<br>each from   | conscientiously objected to | ions<br>Interviews     |                   | psychological<br>repercussions)   |
| 2019          |         |                 | psychiatry,                     | participate.                | ranged in              |                   | repercussions)  |
| 2013          |         |                 | neurology,                      | pur noipute.                | length from            |                   |   |
|               |         |                 | nephrology,                     |                             | 15 min to 1            |                   |   |
|               |         |                 | intensive care,                 |                             | h, with a              |                   |   |
|               |         |                 | geriatrics and                  |                             | mean                   |                   |   |
|               |         |                 | pneumology. 14                  |                             | length of 24           |                   |   |
|               |         |                 | from catholic                   |                             | min                    |                   |   |
|               |         |                 | background.                     |                             | (median                |                   |   |
|               |         |                 |                                 |                             | length = 21            |                   |   |
|               |         |                 |                                 |                             | min). think<br>back to |                   |   |
|               |         |                 |                                 |                             | their first            |                   |   |
|               |         |                 |                                 |                             | medical aid            |                   |   |
|               |         |                 |                                 |                             | in dying               |                   |   |
|               |         |                 |                                 |                             | request (as            |                   |   |
|               |         |                 |                                 |                             | some                   |                   |   |
|               |         |                 |                                 |                             | physicians             |                   |   |
|               |         |                 |                                 |                             | had                    |                   |   |
|               |         |                 |                                 |                             | received               |                   |   |

59

60

| 3<br>4<br>5<br>7<br>8<br>9<br>10<br>11<br>12<br>113<br>14<br>15                  |   |   |  |  | more than<br>one<br>request)<br>and<br>describe<br>the reasons<br>which<br>motivated<br>their<br>refusal.                                    |  |   |
|--|---|---|--|--|--|--|---|
| 16<br>17<br>18<br>19<br>20<br>21<br>22<br>23<br>24<br>25<br>26<br>27<br>28<br>29 | 22.<br>Gamondi<br>et al.,<br>2017                       | 23 palliative care<br>physicians across<br>Switzerland  | 65% German, 30%<br>French and 5%<br>Italian speaking   | Regularly received<br>assisted suicide<br>requests. The<br>involvement of<br>Swiss physicians is<br>mostly confined to<br>the decision-making<br>phase; medical<br>certification of<br>diagnosis and<br>mental capacity. | Semi-<br>structured<br>interviews.   | thematic analysis                                    | Emotional theme<br>of role-assigned<br>emotions<br>(example<br>professional role-<br>related feeling of<br>ambiguity, fear of<br>being stigmatized<br>as physicians,<br>feeling of walking<br>a tight rope.)      |
| 30<br>31<br>32<br>33<br>34<br>35<br>36<br>37<br>38<br>39<br>40<br>41<br>42<br>43 | 23.<br>Rosanne<br>Beuthin,<br>2018                      | female, of Anglo-<br>European<br>ancestry, age mid-<br>fifties, living in ar<br>urban center,<br>Canada | Doctorate in<br>nursing and was<br>employed as a<br>consultant under<br>an end-of-life<br>Program to enact<br>a new MAiD<br>program.               | daily journal entries<br>made over a 6<br>month period, from<br>the first day of<br>immersion in the<br>role and culture of<br>MAiD from late May<br>to October 2016   | Raw<br>autobiograp<br>hical text<br>held<br>scattered<br>floods of<br>ideas and<br>released<br>emotions<br>into a thick<br>created<br>Story. | autoethnographic<br>approach-<br>reflective analysis | Emotional theme<br>of reflective<br>emotions<br>(example, feeling<br>of embodiment,<br>compassionate<br>care and sense-<br>making reflective<br>emotions.<br>Exploring tensions<br>around language,<br>attitudes) |
| 14<br>15<br>16<br>17<br>18<br>19<br>50<br>51<br>52<br>53<br>54<br>55<br>65<br>7  | 24. Anne<br>Bruce<br>and<br>Rosanne<br>Beuthin,<br>2019 | 15 RNs/NPs/LPNs<br>from British<br>Columbia,<br>Canada.   | Participants<br>worked in diverse<br>settings including<br>acute care,<br>community-home<br>care, and<br>specialty areas<br>including<br>emergency | Eight nurses had<br>directly aided with<br>MAiD and cared for<br>the patient at home<br>or in a care setting.<br>Seven had been<br>involved indirectly<br>with patients such<br>as providing<br>assisted                 | Semi-<br>structured<br>interviews-<br>(1) tell me<br>about your<br>first<br>experience<br>of being<br>asked to<br>participate                | narrative inquiry<br>and thematic<br>analysis        | Emotional theme<br>of reflective<br>emotions<br>(example fear of<br>desensitization<br>with deeper<br>questioning) along<br>with complex<br>emotions of<br>"compassion  |

For peer review only - http://bmjopen.bmj.com/site/about/guidelines.xhtml

| Page 70 of 8 | 4 |
|--------------|---|
|--------------|---|

|                                   |  | room and<br>palliative care.  | dying information<br>upon request and<br>listening to patients<br>and families as they<br>explored pursuing<br>MAiD | in a<br>medically<br>assisted<br>death and<br>how you<br>came to the<br>decision to<br>participate<br>or not and<br>(2) tell me<br>about the<br>MAiD<br>experience<br>itself. What<br>was most<br>challenging<br>? |  | satisfaction" as<br>well as<br>compassion<br>fatigue   |
|-----------------------------------|--|---|---|--|--|--|
| 25.<br>Alison<br>Townsley<br>2018 | seven nurses,<br>social workers,<br>and personal<br>support workers,<br>Canada | Health care<br>professional<br>enrolled through<br>purposive<br>sampling. | Engaged in<br>discussions and<br>assessments of<br>patients requesting<br>MAiD.                                     | one-on-<br>one, semi-<br>structured<br>interviews<br>with health<br>care<br>professiona<br>ls  | Foucauldian<br>Discourse<br>Analysis<br>perspective.<br>Interview data is<br>analyzed by<br>situating the<br>health care<br>professional as an<br>effect, as a<br>producer, and as<br>a challenger of<br>power-knowledge<br>systems.<br>Philosophical<br>theories of<br>Giorgio Agamben<br>are applied to the<br>data to challenge<br>Foucauldian<br>principles, and to<br>bolster the<br>discussion of<br>defining of the<br>body that<br>deserves to live, | Emotional theme<br>of reflective<br>emotions<br>(example,<br>emotions<br>emerging from<br>engagement of the<br>individual in terms<br>of power,<br>knowledge and<br>individual identity) |

|                                       |   |  |   |  | and the body that                               |  |
|---------------------------------------|---|--|---|--|---|--|
|                                       |   |  |   |  | deserves to die.                                |  |
| 26.<br>Buchbind<br>er et al.,<br>2019 | 37 health care<br>providers in<br>Vermont, USA. | Health care<br>providers from<br>Hospital and<br>community-based<br>practices. Most<br>were women<br>(68%) and the<br>largest subgroup<br>specialized in<br>internal or family<br>medicine (53%).<br>Most of the<br>nurses and social<br>workers were<br>women (89%) and<br>most worked for<br>hospice and home<br>health agencies<br>(61%). | 19 physicians (10<br>internal medicine, 4<br>palliative care, 3<br>neurology, 2<br>oncology), 12 had<br>participated in Act<br>39 (The patient<br>Choice and control<br>at End-of-Life Act)<br>as prescribing<br>physicians, the<br>remainder had<br>initiated but not<br>completed the Act<br>39 protocol (n = 3),<br>participated as a<br>second physician to<br>confirm the<br>patient's diagnosis,<br>prognosis and | One-to-one<br>semi<br>structured<br>interviews | deserves to die.<br>Grounded theory<br>approach | Emotional theme<br>of role-assigned<br>emotions<br>(example pride,<br>burden etc.) |
|                                       |   |  | prognosis, and<br>decisional capacity<br>(n = 3), or counseled<br>patients (n = 1). The<br>mean age of nurses<br>and social workers<br>(n=18, 9<br>hospice/home<br>nurse, nurse<br>practitioner 5,<br>inpatient palliative<br>care 2, hospice   | .040,  | 2   |  |
|                                       |   |  | social worker 2) was<br>52.5, with most<br>working for hospice<br>and home health<br>agencies (61%).<br>While all<br>professionals in this<br>group engaged in<br>clinical care for<br>patients pursuing<br>Act 39, specialty<br>clinic nurse   |  |   |  |

## BMJ Open

|  | Emotional theme<br>of reflective<br>emotions<br>(example,<br>emotions related<br>to related to<br>professional<br>identity, sense<br>making, feeling of<br>obligation to<br>serve)  | Emotional theme<br>related to role-<br>assigned emotions<br>(example,<br>emotional<br>expressions ("hard<br>conversations")<br>related to nursing<br>role, struggle<br>related to moral<br>conflicts.  |
|--|---|--|
|  | Grounded theory<br>approach   | interpretive<br>description<br>qualitative<br>methodology  |
|  | One to one<br>semi-<br>structured<br>interviews.  | One-to-one<br>semi<br>structured<br>interview.   |
| practitioners were<br>more likely to assist<br>with navigating<br>access to the aid in<br>dying. Participating<br>health care<br>professionals<br>worked in ten of<br>Vermont's 14<br>counties | All participants are<br>members of the<br>ADRAS (assisted<br>dying resource and<br>assessment service)<br>who support the<br>practice of MAiD.<br>Every participant<br>had a capacity to be<br>flexible.  | Participants in the<br>study indicated that<br>nurses may act as a<br>liaison between<br>physicians and<br>nurse practitioners<br>who have the<br>authority to assess<br>patient eligibility<br>and provide the<br>intervention of<br>MAiD and the<br>patient, notifying<br>them of an inquiry<br>about or a request<br>for MAiD |
|  | Of the data<br>available, 2 were<br>semi-retired<br>family physicians,<br>One is an<br>intensive care<br>physician with a<br>background in<br>cardiology, and<br>the second is an<br>Emergency Room<br>physician with<br>training in<br>palliative care.      | 3 males, 6<br>females. 3<br>participants<br>worked in<br>residential<br>hospices where<br>MAiD was not<br>supported as an<br>end-of-life option,<br>six participants<br>worked in the<br>community<br>providing home<br>care where MAiD<br>is an option in<br>end-of-life<br>planning. Two<br>participants had                   |
|  | 4 physicians. 4<br>nurses and 6 HCPs<br>(allied health care<br>professional<br>social workers (1),<br>spiritual care<br>providers (1),<br>pharmacists (1),<br>genetic<br>technologists (1)<br>and psychologists<br>(2).) of team<br>ADRAS in<br>Hamilton, ON. | nine palliative<br>care nurses in<br>southwestern<br>Ontario, Canada   |
|  | 27.<br>Allyson<br>Oliphant,<br>2017   | 28. Laura<br>Sheridon<br>2017  |

|                                     |   | previous inpatient<br>hospital<br>experience in<br>emergency care<br>and in intensive<br>care specialties.   |  |   |   |  |
|-------------------------------------|---|--|--|---|---|--|
| 29.<br>Khosnoo<br>d et al.,<br>2018 | 19 physicians,<br>Canada. Quebec<br>not included. | Half of the<br>participants were<br>palliative care<br>specialists (n = 8),<br>with the<br>remaining<br>representing<br>Family Medicine<br>(n = 4),<br>Anesthesia (n =<br>2), Hematology (n<br>= 1), and<br>Obstetrics &<br>Gynecology (n =<br>1). The majority<br>of participants<br>practiced in an<br>urban setting (n =<br>13).                | Average 6.9 MAiD<br>cases.   | In-depth<br>semi-<br>structured<br>telephone-<br>based<br>interviews.     | inductive<br>thematic analysis<br>approach                          | Emotional theme<br>of role-assigned<br>emotions<br>(example burn<br>out, negative<br>effect on inter-<br>professional<br>relationships vs.<br>increased feeling<br>of respect) |
| 30.<br>Beuthin<br>et al.,<br>2020   | 8 physicians,<br>Canada.                          | Participants<br>included general<br>practitioners<br>(GPs) and Non-<br>specialist<br>physicians from<br>urban and rural<br>communities<br>working in acute<br>and palliative<br>care. Ages ranged<br>from 33 to 62<br>years (average<br>age 49), with an<br>equal number of<br>men and women.<br>The majority<br>identified no<br>active religious | experience with<br>MAiD provision<br>ranged from 12 to<br>113 assisted deaths.<br>Only one physician<br>was dedicated to<br>full-time provision. | In-person<br>or<br>telephone-<br>based semi-<br>structured<br>interviews. | interpretive<br>descriptive<br>methodology and<br>thematic analysis | Emotional them of<br>reflective<br>emotions,<br>(example complex<br>emotions of<br>compassion<br>satisfaction,<br>embodied<br>awareness, soul-<br>searching)                   |

|  |   | affiliation, and<br>ethnicity was<br>withheld to<br>protect<br>anonymity. Years<br>of experience<br>ranged from 6 to<br>38 years (average<br>of 23).  |  |   |                   |  |
|--|---|---|--|---|-------------------|--|
| 31. Keri-<br>Lyn<br>Durant<br>and<br>Katherin<br>e Kortes-<br>Miller<br>2020 | 23 physicians of<br>Rural area,<br>northwestern<br>Ontario, most of<br>subarctic Ontario. | 23 physician<br>participants<br>ranged in age<br>from 26 to 63,<br>with a mean age<br>of 43 years.<br>Physicians worked<br>in a variety of<br>settings, with 14<br>in an urban<br>setting – in family<br>practice, as a<br>hospitalist or<br>other specialist, in<br>the emergency<br>department, in<br>palliative care,<br>and in long-term<br>care. Nine<br>participants<br>declared a rural<br>practice, and self-<br>identified as rural<br>generalists,<br>working on a First<br>Nations' reserve,<br>in a community,<br>at a satellite<br>clinic, or 'All of<br>the above'. | 11 identifying<br>themselves as<br>acting both as<br>assessor and<br>provider, 1 as<br>assessor only, 4 as<br>providing referrals<br>upon request, and 7<br>without any<br>direct/indirect<br>experience. These<br>seven were included<br>in the study because<br>they expressed a<br>desire to participate<br>and reported that<br>their practice and<br>the community had<br>been impacted by<br>the legislation.<br>There was also a<br>variance in terms of<br>exposure to death<br>in practice, with an<br>estimated total<br>between 2 and 250<br>deaths per annum | using 1<br>semi-<br>structured<br>focus group<br>and 18<br>semi-<br>structured<br>interviews<br>comprising<br>9 set of<br>questions | Thematic analysis | Emotional theme<br>of role-assigned<br>emotions<br>(example, feeling<br>of impact on inter-<br>professional<br>relationships,<br>feeling of<br>unpreparedness. |
| 32.<br>Snijdewi<br>nd et al.,<br>2016  | secondary<br>analysis of in-<br>depth   | Respondents<br>were recruited<br>both by the<br>network of<br>physicians  | Twenty-two<br>respondents<br>worked as family<br>physicians, and six   | One-to-one<br>semi-<br>structured<br>interviews.  | Thematic analysis | Emotional theme<br>of reflective<br>emotions<br>(example, those<br>related to meaning  |

Page 75 of 84

1

|                              | interviews with<br>28 Dutch<br>physicians who<br>had experience<br>with a complex<br>case of EAS | working for SCEN<br>(Support and<br>Consultation for<br>Euthanasia in the<br>Netherlands) as<br>well as via a<br>national<br>Questionnaire.<br>Nine of the<br>respondents were<br>female. The<br>respondents' age<br>ranged from 36 to   | worked as medical<br>specialists (three<br>elderly care<br>physicians, a<br>psychiatrist, an<br>internist and a lung<br>specialist). Next to<br>this, six of the<br>respondents also<br>worked as SCEN<br>physicians. All had<br>experience with EAS<br>requests and the |  |   | of suffering,<br>blurring emotional<br>boundaries)  |
|------------------------------|--|--|--|--|---|---|
| 33. Pesut<br>et al.,<br>2020 | 59 registered<br>nurses and nurse<br>practitioners in<br>Canada                                  | 68 years<br>n = 9 (15%) were<br>conscientious<br>objectors,<br>Spiritual or<br>Religious<br>Affiliation: n = 33<br>(56%) Neither: n =<br>15 (25%); Spiritual<br>but not Religious:<br>n = 11 (19%)<br>Home &<br>Community: n =<br>32 (54%); Acute<br>Care: n = 10<br>(17%); Long-term<br>care: n = 5 (9%);<br>Hospice: n = 4<br>(7%); Clinic: n = 3<br>(5% | performance of EAS.<br>24 of the 59<br>participants had<br>conducted more<br>than 25<br>conversations with<br>patients about<br>MAID, and 11 of the<br>59 participants had<br>been involved with<br>more than 25<br>patients who went<br>on to receive MAID.             | Semi-<br>structured<br>interviews<br>conducted<br>on<br>telephone.<br>Question<br>examples:<br>(i) Can you<br>tell us how<br>the process<br>of MAiD<br>occurs in<br>your<br>practice<br>context? (ii)<br>What<br>resources<br>and<br>practice<br>supports<br>are<br>available to<br>assist you in<br>caring for<br>MAiD<br>patients?<br>(iii) Tell us<br>about your<br>experiences<br>with MAiD? | Qualitative<br>approach guided<br>by Interpretive<br>Description. data<br>immersion, open<br>coding, constant<br>comparative<br>analysis, and the<br>construction of a<br>thematic and<br>interpretive<br>account.<br>Transcripts<br>include emotions<br>evident during<br>the interview<br>(e.g., crying). | Emotional theme<br>of role-assigned<br>emotions<br>(example,<br>emotions related<br>to find themselves<br>caught between<br>the proverbial<br>"rock and hard<br>place." With<br>feelings of<br>Emotions of<br>frustration,<br>powerfulness of<br>the experience,<br>feeling drained<br>out) |

|  |  |  |   | The average<br>length of<br>interviews<br>was 55 min.  |  |  |
|--|--|--|---|--|--|--|
| 34.<br>Deborah<br>Volkar et<br>al., 2001 | 40 oncology<br>nurses who<br>received requests<br>for assisted death<br>in USA.  | 48% in<br>hospital/multi-<br>hospital settings.<br>9 female, 1 male.<br>Mean age 45 y.                                     | 30% had received<br>requests for<br>assisted suicide, 6<br>(1%) engaged in<br>assisted suicide, and<br>20 (4.5%) admitted<br>to intentionally<br>injecting a drug to<br>end a patient's life.   | Recipients<br>were re<br>quested to<br>submit a<br>written<br>account or<br>story of<br>receiving a<br>request for<br>assistance<br>in dying<br>from a<br>terminally<br>ill patient<br>with<br>cancer. | Denzin's process<br>of interpretive<br>interactionism<br>with an emic,<br>ideographic<br>approach. That is,<br>individual<br>experience is<br>considered to be<br>unique; discovery<br>of an individual's<br>epiphany and<br>associated<br>meanings is the<br>research focus | Emotional theme<br>of basic emotions<br>(example<br>emotional labor)<br>along with<br>reflective<br>emotions of<br>feeling lack of<br>control (or lack of<br>it) and moral<br>distress).               |
| 35.<br>Mathews<br>et al.,<br>2021        | 23 palliative care<br>providers (13<br>physicians and 10<br>nurses) who<br>practiced for 6<br>months or more<br>before and after<br>the introduction<br>of MAiD, in<br>inpatient and<br>community-based<br>settings that<br>supported<br>assisted death in<br>southern Ontario,<br>Canada. | 54% of physicians<br>and 90% of nurses<br>were female with<br>a mean age of 43<br>years and 42.6<br>years<br>respectively. | All the participants<br>described having<br>discussions with<br>patients regarding<br>MAiD and 7/23<br>participants (4<br>nurses and 3<br>physicians)<br>described directly<br>witnessing assisted<br>death. 8/13<br>physicians made<br>referrals for MAiD, 4<br>conducted<br>assessments, and 3<br>physicians were<br>MAiD providers; 3<br>physicians identified<br>as conscientious<br>objectors. None of<br>the nurses<br>identified<br>themselves as<br>conscientious | Semi-<br>structured<br>interview<br>based on<br>pre-<br>determined<br>interview<br>guide   | Braun and<br>Clarke's version<br>of Thematic<br>analysis   | Emotional theme<br>of role-assigned<br>emotions<br>(example Role-<br>driven emotional<br>themes of<br>Emotional,<br>psychological and<br>resource burden<br>along with theme<br>of emotional<br>labor) |

| 1                   |  |                    |  |   |                      |
|---------------------|--|--------------------|--|---|----------------------|
| 2<br>3<br>4         |  | bjectors, although |  |   |                      |
| 5                   |  | ome expressed      |  |   |                      |
| 6                   |  | oral or religious  |  |   |                      |
| 7                   | СС   | onflict around     |  |   |                      |
| 8                   | M  | IAiD.              |  |   |                      |
| 9                   |  |                    |  |   |                      |
| 10<br>11            |  |                    |  |   |                      |
| 12                  |  |                    |  |   |                      |
| 13 <sup>Table</sup> | e 3: Codes and Themes table: This table represent  |                    |  |   |                      |
|                     | nthesis corresponding to the table 2 above). Thes  | se codes have bee  | n subsequentl                            | y grouped into dese                                   | criptive themes in   |
| 15their             | respective boxes.  |                    |  |   |                      |
| 16                  |  |                    |  |   |                      |
| 17                  |  |                    |  |   |                      |
| 18<br>19            | <ul> <li>A) Over-arching theme of basic emotion</li> </ul>   | s:                 |  |   |                      |
| тэ<br>20 г          |  |                    |  |   |                      |
| 21                  | Theme 1: Emotional labor (positive/negative emotion  |                    |  | based emotions.                                       |                      |
| 22                  | Codes:   | Codes              |  | ainusas abautit b                                     |                      |
| 23                  | "rewarding" "liberating", "Well please let someone e<br>question", "blood had <u>frozen</u> in my veins",                      |                    |  | ninuses about it b<br>ng to kill someone tor          |                      |
| 24                  | I just felt just totally cold all over. I had no idea of wh  |                    | to cry],                                 |   | light. [respondent   |
| 25                  | realized there was no help I could get from anywhere   | -                  |  | n, and I just feel that i                             | f vou're             |
| 26                  | felt as though I was <u>impotent to help</u> them. "If po  |                    |  | dying it's against                                    |                      |
| 27<br>28            | would run away. But I see it as the last part of my car  |                    |  | to me to decide whe                                   |                      |
| 28<br>29            | taken care of that patient for years and now at the m  |                    |  |   |                      |
| 30                  | when she needs me most I would be a coward to  |                    |  | on is not the solution.                               | It's in the ten      |
| 31                  | then. (1)  |                    | andments"                                |   |                      |
| 32                  | "I felt very lonely" "heroic feelings", "tense", "scary",  |                    |  | as if I'm an execution                                | er. Who am I to      |
| 33                  | <u>creepy</u> ", <u>"felt pressured to succeed</u> ", "suffer a loss yo  |                    | he right to do t                         |   | •                    |
| 34                  | when someone like that dies" " <u>terribly manipulated</u> "<br>slightly put upon, <u>angry</u> " 'let off steam' (2)          | -                  | <u>cientiousiy, i fir</u><br>nasia" (3); | nd it hard to come to                                 | terms with           |
| 35                  | "feeling of <u>ambivalence</u> ", <u>"intense</u> ", "gradually feel le  |                    |  | "a <u>sort of trap</u> that c                         | an't he avoided      |
| 36<br>37            | less fearful", "surprisingly grateful". "very demandin   |                    |  | thing you can offer, a                                |                      |
| 37<br>38            | emotionally distressing" (3) "very demanding, genera   |                    |  | too heavy for a patie                                 |                      |
| 39                  | avoid", " <u>drastic</u> "(5), " <u>moral pressure</u> ", "uncertain,  |                    |  | y exit. When I am tal                                 |                      |
| 40                  | complex"(6), "very hard"(7), "feeling choked up or sh  | nedding a patier   | nt I say, "yes we                        | will consider it, if you                              | u don't want to go   |
| 41                  | tear" "Feeling positive emotions of peace and amaze  |                    | y longer and if I                        | have nothing more t                                   | o offer you to make  |
| 42                  | were more surprising and often shared cautiously in  |                    | er"(5);                                  |   |                      |
| 43                  | ,"had difficulty finding effective words for the parado  |                    |  | have <u>strong feelings</u>                           |                      |
| 44                  | experience of witnessing death that is, both "sad" an  |                    |  | believe that no huma                                  | n being should be in |
| 45                  | <u>"beautiful</u> ." (11). "felt reluctant as it is difficult to pre   |                    | osition to haster                        |   | ationata" I de ret   |
| 46                  | "feeling of <u>enrichment</u> ", "feeling of sorrow and intrus<br>thoughts", "feeling like weathering the storm", " <u>emp</u> |                    |  | <u>of killing one</u> of my p<br>al with the topicesp |                      |
| 47<br>48            | emotional closeness", "personal compromise" (13).  |                    | •  | al health, " <u>challenges</u>                        | , ,                  |
| 48<br>49            | feel competent" (16).  |                    |  | n be meaningful" (16                                  |                      |
| 49 L<br>50          |  |                    |  |   | /                    |
| 50                  |  |                    |  |   |                      |

| 1<br>2   |  |  |
|--|--|--|
| 3<br>4<br>5<br>6<br>7<br>8<br>9<br>10<br>11<br>12<br>13<br>14<br>15<br>16<br>17<br>18<br>19              | "rewarding work", "honor", "bit overwhelming", "proud",<br>"incredible" "feeling like being on call all the time (19),<br>"emotional burden", "fear of psychological repercussions",<br>"uncomfortable", fear of stigmatization (21), "feeling<br>courageous" (23), "satisfying and gratifying" "roller coaster",<br>"transformational feelings of beautiful death" (24), just feel<br>coldness, or whatever. You just feel drained"(28),<br>"unexpected rewards", "enriching capacity of caring", (30),<br>"anxiety, shock, self-doubt", "deep insideconflict" (34);<br>"walking quiet a tight rope", was as preparedbut<br>went outside and felt like I was about to throw up",<br>"actually, find them they're<br>such beautiful experiences with family. It's the shared<br>experience with the family that you're with that you have<br>an opportunity to help." (35) | "to see somebody lying there, to whom you brought a cup of<br>tea that morning. And you know that everybody who gets a<br>heart attack can die as well, but this was no heart attack. You<br>know that, of course. So, somebody has been killed, just like<br>that That makes it different." (17)<br>" <u>conflicted</u> , trying to reconcile their own personal moral<br>stance with facilitating the end of someone's life" (28)<br>"What would my family think that I'm working on a unit that<br>does that [Medical Assistance in Dying]? Do I hide it from<br>themwhat if people find out that we do it? Are people<br>going to come up here and start protesting? <u>People will see</u><br><u>that as evil</u> ." (35)   |
| 20<br>21   |  |  |
| 22<br>23<br>24<br>25<br>26   | B) Overarching theme of reflective emotions.   |  |
| 27<br>28<br>29<br>30<br>31<br>32<br>33<br>34<br>35<br>36<br>37<br>38<br>39<br>40<br>41<br>42<br>43<br>44 | Theme 1: relational<br>"feeling of <u>trust and sympathy</u> in physician patient relationship<br>strong" (14)<br>" <u>human centered, compassionate care</u> " (23), "for somebody to<br>approach you is almost an honor that they trust you enough to<br>have this conversation, and to have to sort of shut<br>them down, or acknowledge how they're feeling" (empathy)<br>(28), " <u>intimate, emotional engagement-rediscovering</u> the art of<br>medicine", (30), "indelible nature of the experience shared" (34)<br>"as soon the topic [Medical Assistance in Dying]<br>came up, that I was a conscientious objector and the person<br>said that you're not on my side, even though she was getting<br>the service [MAID]I was seen as somebody who was not<br>helping her" (35)<br>Theme 3: Sense making process and related emotions. (Theme of                 | dying)<br>"interesting discourse presented itself through idea of using<br>stages to determine someone's chances of survival, and the<br>need for professionals to have something finite and<br>concrete to measure", "discourse that emerged through<br>conversations with participants was how control (or<br>masterhood) equates to people's <u>sense of wellbeing</u> " "MAiD<br>itself <u>presents a paradox insofar as one can be too sick to</u><br><u>access this form of assistance that is exclusively designed to</u><br><u>bring death to the most critically ill people</u> " "The most<br>dominant discourse that emerged from this data set was<br>participants <u>aligning what is right and</u><br><u>good within the confines of the law</u> ." (25);<br>"medicalization of a social problem" (32); " <u>degree of control</u><br><u>over dying process</u> " (34).<br>Theme 4: Process influenced themes (sufferingreliefdeath) |
| 45<br>46<br>47<br>48<br>49<br>50<br>51<br>52<br>53<br>54<br>55<br>56<br>57                               | <ul> <li>Growth)</li> <li>"<u>You grow</u> with the problems of the patients" (1)</li> <li>"stay closer to their own beliefs" " long road to becoming aware of one's own views" (2)</li> <li>"<u>meaning full experience</u>" " <u>almost closer than when someone is having a baby</u>" (5)</li> <li>"[EAS] is not an act, it's a process towards which we both grow"</li> <li>(6), "Being in process, <u>holding an in-between space of uncertainty, reflection, and active sense-making</u>" (11); "pure moment of autonomous self-consciousness" "I am working and sense making as I go along, being sure that I <u>keep breathing</u>",</li> </ul>  | "Invisible suffering made it harder for the people close by to<br>empathize and come to terms with the patient's request and<br>his/her death" (6);<br>"for me, a lot of talk, talk about death and dying, talk about<br>life, about saying goodbye, <u>really seeing and feeling what is</u><br><u>happening in this last phase of life and reflect on that</u> . But not<br>everybody is capable of talking and reflecting this way, while<br>everybody is<br>going to die. So that's my problem" (7);<br>" <u>imagine self" and "imagine other" cognitive route. Use of</u><br><u>cognitive reflection</u> (8);   |

For peer review only - http://bmjopen.bmj.com/site/about/guidelines.xhtml

| 1  |   |  |
|--|---|--|
| 1<br>2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>10<br>11<br>12<br>13<br>14<br>15<br>16  | "feeling of embodiment, become the face of MAiD", "bearing<br>witness" (23); "worries of becoming desensitized and ongoing<br>deeper questioning" (24); "their thoughtful silence after speaking<br>or listening represented and solicited from me respect for the<br>dead and the dying, seething inner anger, and perhaps the<br>quietude that one experiences when their physical body feels the<br>effects of being a challenger and resister in the strongest way<br>possible" "Kind of <u>letting them have control over what they can<br/>have control over</u> " " <u>beautiful journey of self-reflection</u> ",<br>"grappling with identity" (25); " <u>embodied awareness</u> ", " <u>soul</u><br><u>searching</u> " (30); " <u>silent knowing</u> " (34)  | "very difficult for me to letgo, to be so aware of saying<br>farewell, and now I notice that as time passes it gets harder<br>and harder for me" (14); " <u>sense of urgency</u> to hasten death"<br>(23);<br>"boundaries of EAS has shifted over time, <u>making feel</u><br><u>stretched, tense and insecure</u> " " <u>not feeling competent</u> if<br>suffering is existential" (32);<br>"it's been a bit of a challenge to delineate what<br>we're doing in relationship to the request for assisted dying<br>and what normal care still continues to be" "struggle<br>with the rules of a complex legislated and reporting process<br>that determines it"(33)  |
| 17<br>18   |   |  |
| 19<br>20<br>21<br>22<br>23<br>24<br>25<br>26   | C) Overarching theme of emotions related to profess   | "it's been a bit of a challenge to delineate what<br>we're doing in relationship to the request for assisted dying<br>and what normal care still continues to be" "struggle<br>with the rules of a complex legislated and reporting process<br>that determines it"(33)   |
| 20   |   |  |
| 28<br>29<br>30<br>31<br>32<br>33<br>34<br>35<br>36<br>37<br>38<br>39<br>40<br>41<br>42<br>43<br>44<br>45<br>46<br>47<br>48<br>49<br>50<br>51<br>52<br>53<br>54<br>55 | Theme 4: Role-assigned emotions<br><b>Nurses:</b> "predominantly tend to be <u>conformist</u> (following existing of<br>with ethical dilemmas. Combined with the emphasis of the medica<br>strong inclination of nurses to respect the patients' wishes, it seem<br><u>emotional terms</u> "(3); " <u>unchartered territory</u> ," where "there was a<br>whole new role for all of us.(being pioneers)" "duty to provide care<br>information isn't there [about] how to object if you don't agree wit<br>to whom you brought a cup of tea that morning. And you know that<br>was no heart attack. You know that, of course. So, somebody has b<br>"identifying the moral line", "human-human response and connect<br>abuse, and the possibility that other health-care professionals migh<br>"taken for granted, feeling terrible" "their own suffering is invisible<br>able to make [death] a better experience. That celebration of life ra<br>conversations" (28); "Nurses seeking to provide the <u>compassionated</u><br>lives, without suitable supports, find themselves caught between th<br>as a hell", " <u>overwhelmed</u> " "don't find the provisions so emotionan<br>nurse" (33); there's a sense of ceremony [before Medical Assistance<br>(35).<br><b>social worker</b> : "feeling of being a gatekeeper" (4); "sense of prepare<br>which is our job"(9); "inner debate, cannot make peace with that, f<br>"missed opportunity to deepen oneself spiritually", " <u>missed opport</u><br>determination in sync with hospice and social work values, and we<br>want I believe in self-determination, but I think it's (PAS) a sade<br>where they are" (10); "felt like higher commitment", "felt like a fail<br><b>physicians</b> : "heavy responsibility" (5); "implicit ethical tension due<br>someone is totally at peace with himself, his life and his death, and | onventions rather than using critical reflection) when faced<br>I responsibility in euthanasia care, and combined with the<br>s logical that nurses <u>interpret the gravity of the process in</u><br>Imost no foundation" for providing this option, and "this is a<br>" is being touted as "you don't have a choice" and the<br>h" (11); " <u>moral distress", "burden</u> ", see somebody lying there,<br>at everybody who gets a heart attack can die as well, but this<br>been killed, just like that That makes it different" (16);<br><u>edness because of the role played</u> ", "fear the potential for<br>at too readily accept a patient's fleeting wish to die" (20);<br>" (24); " <u>walking alongside patients</u> " like the experience of being<br>ather than the mourning of death" (27); "feeling of having hard<br><u>care consistent with such a momentous moment in patients'</u><br>he proverbial rock and hard place" " <u>powerful experience</u> " "mad<br>Illy draining, but it's more the logistics and it's <u>a lot of work</u> as a<br>te in Dying], So, those all have impacts in terms of resources"<br><u>edness</u> ", feeling that this option is 'pro-self-determination<br><u>elt a huge shift in my ethics</u> ", "dying process has a lot to give"<br><u>tunity to forgive</u> "(15); <u>feeling of advocacy and self-</u><br>will advocate for the patients to get them whatever they<br><u>commentary on our society</u> ." "Our job is to meet the patients<br>ure if patient chose EAS" (16).<br>to pressure to decide", "It is the right time for EAS] Only if |
| 56<br>57<br>58<br>59<br>60   | For peer review only - http://bmjopen   | .bmj.com/site/about/guidelines.xhtml   |

**BMJ** Open

BMJ Open: first published as 10.1136/bmjopen-2021-058523 on 15 July 2022. Downloaded from http://bmjopen.bmj.com/ on June 11, 2025 at Agence Bibliographique de Enseignement Superieur (ABES)

Protected by copyright, including for uses related to text and data mining, Al training, and similar technologies

"professional compromise" (13); "fears prosecution", "burden, not wanting to abandon the patient" (14); extremely personal choice, I feel that part of some of the resistance at times can be related to [the fact that] that this is something new" "feeling of being torn between professional values and patient values (18); "significant administrative burden" (21); "struggle to reconcile to professional values", sense of responsibility to not create barriers" "walking a tight rope" (22); "tremendous pride", "burden as well" (26); duty to serve. "if not me than who" (27); "interprofessional lack of trust" "excessive workload and lack of financial satisfaction" (29); "burgeoning relationship between palliative care and MAiD", " positive because master of destiny", "uncomfortable discussing it" (31); "Good palliative care takes a lot of time and interdisciplinary resources. . . when a patient is requesting MAID, most of the resources have been sucked up by that one case ... And all of the high-quality palliative care that we do falls by the wayside for the other patients." (35)

tor peet teries only

| Pag            | ge 81 of 84                   |           | BMJ Open BMJ Open by   |  |
|----------------|-------------------------------|-----------|--|--|
| 1              | Supplementary ap              | opendi    | BMJ Open<br>ix 4: PRISMA and ENTREQ checklist.   |  |
| 2<br>3<br>4    | Section and<br>Topic          | ltem<br># | Checklist item   | Location<br>where item is<br>reported  |
| 5<br>6         | TITLE                         | -         |  |  |
| 7              | Title                         | 1         | Identify the report as a systematic review.  | Title                                  |
| 8              | ABSTRACT                      | -         | r 15   |  |
| 9              | Abstract                      | 2         | See the PRISMA 2020 for Abstracts checklist.   |  |
| 10             | INTRODUCTION                  |           | Describe the rationale for the review in the context of existing knowledge.  |  |
| 11             | Rationale                     | 3         | Describe the rationale for the review in the context of existing knowledge.  | p.4-6                                  |
| 12             | Objectives                    | 4         | Provide an explicit statement of the objective(s) or question(s) the review addresses.   | p.2 and p.6                            |
| 13             | METHODS                       |           | io nt  |  |
| 14<br>15       | Eligibility criteria          | 5         | Specify the inclusion and exclusion criteria for the review and how studies were grouped for the syntheses.  | p.6-8                                  |
| 16<br>17<br>18 | Information sources           | 6         | Specify all databases, registers, websites, organisations, reference lists and other sources searched or consulted the date when each source was last searched or consulted.   | p.8-9,<br>supplementary<br>appendix 1  |
| 19<br>20       | Search strategy               | 7         | Present the full search strategies for all databases, registers and websites, including any filters and limits used  | Supplementary appendix 1               |
| 21<br>22       | Selection process             | 8         | Specify the methods used to decide whether a study met the inclusion criteria of the review, including how make verse screened each record and each report retrieved, whether they worked independently, and if applicable, details of automation bools as a process.  | p.9                                    |
| 23<br>24<br>25 | Data collection process       | 9         | Specify the methods used to collect data from reports, including how many reviewers collected data from each to be write they worked independently, any processes for obtaining or confirming data from study investigators, and if applicable, details of automation tools used in the process.   | p.9-10                                 |
| 26<br>27       | Data items                    | 10a       | List and define all outcomes for which data were sought. Specify whether all results that were compatible with gachoutcome domain in each study were sought (e.g. for all measures, time points, analyses), and if not, the methods used to decide which results to collect.   | p.6-7                                  |
| 28<br>29       |                               | 10b       | List and define all other variables for which data were sought (e.g. participant and intervention characteristics, and g sources). Describe any assumptions made about any missing or unclear information.   | p.6-7                                  |
| 30<br>31<br>32 | Study risk of bias assessment | 11        | Specify the methods used to assess risk of bias in the included studies, including details of the tool(s) used, how many reviewers assessed each study and whether they worked independently, and if applicable, details of automation tools used in the process.  | p.9-10,<br>supplementary<br>appendix 2 |
| 33             | Effect measures               | 12        | Specify for each outcome the effect measure(s) (e.g. risk ratio, mean difference) used in the synthesis or presentation of results.  | Not applicable                         |
| 34<br>35       | Synthesis<br>methods          | 13a       | Describe the processes used to decide which studies were eligible for each synthesis (e.g. tabulating the study intervention characteristics and comparing against the planned groups for each synthesis (item #5)).   | p.10-11                                |
| 36<br>37       |                               | 13b       | Describe any methods required to prepare the data for presentation or synthesis, such as handling of missing sum ary statistics, or data conversions.  | p.10-11                                |
| 38<br>39<br>40 |                               | 13c       | Describe any methods used to tabulate or visually display results of individual studies and syntheses.   | p.10-11<br>supplementary<br>appendix 3 |
| 41<br>42<br>42 |                               | 13d       | Describe any methods used to synthesize results and provide a rationale for the choice(s). If meta-analysis was performed, describe the model(s), method(s) to identify the presence and extent of statistical heterogeneity, and software package(s) used e   | p.10-11                                |
| 43<br>44       |                               | 13e       | Describe any methods used to explore possible causes of heterogeneity among study results (e.g. subgroup analy as, meta-regression).   | Not applicable                         |
| 44             |                               | 13f       | Describe any sensitivity analyses conducted to assess projections and the synthesized trest solution and the second secon | Not applicable                         |
| 46<br>47       |                               |           |  |  |

|                                   |        | BMJ Open BMJ Open by copyride | Page 82 of                            |
|-----------------------------------|--------|---|---------------------------------------|
| Supplementary of                  | mandi  | v 4. DDISMA and ENTREO abashlist  |                                       |
| Supplementary a                   | ppendi | x 4: PRISMA and ENTREQ checklist.   |                                       |
| Section and                       | Item   | b21<br>yht  | Location                              |
| Topic                             | #      | Checklist item  | where item is reported                |
| Reporting bias assessment         | 14     | Describe any methods used to assess risk of bias due to missing results in a synthesis (arising from reporting bias b).   | high risk, p.2                        |
| Certainty<br>assessment           | 15     | Describe any methods used to assess certainty (or confidence) in the body of evidence for an outcome.   | p.5,<br>supplementar<br>appendix 3    |
| RESULTS                           | -      | Describe the results of the search and selection process, from the number of records identified in the search to the search and selection process, from the number of records identified in the search to the search and selection process.   |                                       |
| Study selection                   | 16a    | in the review, ideally using a flow diagram.  | Figure 1                              |
|                                   | 16b    | Cite studies that might appear to meet the inclusion criteria, but which were excluded, and explain why they were excluded.   | Figure 1, p.7                         |
| Study characteristics             | 17     | Cite each included study and present its characteristics.   | Supplementa<br>appendix 3             |
| Risk of bias in<br>studies        | 18     | Present assessments of risk of bias for each included study.  | Supplementa<br>appendix 2             |
| Results of<br>individual studies  | 19     | For all outcomes, present, for each study: (a) summary statistics for each group (where appropriate) and (b) a structure tables or plots.   | Not applicab                          |
| Results of syntheses              | 20a    | For each synthesis, briefly summarise the characteristics and risk of bias among contributing studies.  | Supplementa appendix 2                |
|                                   | 20b    | Present results of all statistical syntheses conducted. If meta-analysis was done, present for each the summary estimate and its precision (e.g. confidence/credible interval) and measures of statistical heterogeneity. If comparing groups, describe the summary estimate and its precision of the effect.   | p.11-14.<br>Supplementa<br>appendix 3 |
|                                   | 20c    | Present results of all investigations of possible causes of heterogeneity among study results.  | Not applicabl                         |
|                                   | 20d    | Present results of all sensitivity analyses conducted to assess the robustness of the synthesized results.  | Not applicab                          |
| Reporting biases                  | 21     | Present assessments of risk of bias due to missing results (arising from reporting biases) for each synthesis a seed.   | Not applicab                          |
| Certainty of evidence             | 22     | Present assessments of certainty (or confidence) in the body of evidence for each outcome assessed.   | Table 1                               |
| DISCUSSION                        |        | Provide a general interpretation of the results in the context of other evidence.   |                                       |
| Discussion                        | 23a    |   | p.17-20                               |
|                                   | 23b    | Discuss any limitations of the evidence included in the review.   | p.17-20                               |
|                                   | 23c    | Discuss any limitations of the review processes used.   | p.17-20                               |
|                                   | 23d    | Discuss implications of the results for practice, policy, and future research.  | p.17-20                               |
| OTHER INFORMA<br>Registration and | 1      | Brouide registration information for the review, including register name and registration number, or state that the review was not registered   | n 11                                  |
| protocol                          | 24a    | Provide registration information for the review, including register name and registration number, or state that the review was not registered.  | p. 11                                 |
|                                   | 24b    | Indicate where the review protocol can be accessed, or state that a protocol was not prepared.  | p.11                                  |
| Support                           | 24c    | Describe and explain any amendments to information provided at registration or in the protocol.   | none                                  |
| Support<br>Competing              | 25     | Describe sources of financial or non-financial support for the review, and the role of the funders or sponsors in the Fiview.   | p.21                                  |
| interests                         | 26     | Declare any competing interests of review authors.<br>For peer review only - http://bmjopen.bmj.com/site/about/guidelines.xhtml   | p.21                                  |

| Pa                                     | ge 83 of 84                                    |   | BMJ Open  | cted b      | 136/bn   |                                       |
|--|--|---|---|-------------|--|---------------------------------------|
| 1                                      | Supplementary ap                               | opendi  | ix 4: PRISMA and ENTREQ checklist.  | y copyri    | 136/bmjopen-2  |                                       |
| 2<br>3<br>4                            | Section and<br>Topic                           | ltem<br>#   | Checklist item  | ght, incl   | 021-058  | Location<br>where item is<br>reported |
| 5<br>6<br>7                            | Availability of data, code and other materials | 27  | Report which of the following are publicly available and where they can be found: template data collection studies; data used for all analyses; analytic code; any other materials used in the review.  | formaing fo | ; dea extracted from included  | p.21                                  |
| 8<br>9<br>10<br>11<br>12<br>13<br>14   |  |   | Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting s<br>For more information, visit: <u>http://www.prisma-statement.org/</u><br>y in reporting the synthesis of qualitative research: ENTREQ Checklist (Tong, <i>et al.,</i> 2012                                  | elated to t | Euviews. BMJ 2021;372:n71. do<br>Evite Seignement<br>2022.<br>Downlo | bi: 10.1136/bmj.n71                   |
| 15<br>16                               | Item No.                                       |   | uide and Description  | -           | 토 있<br>9년 Location   |                                       |
| 17<br>18                               | 1. Aim   | St  | tate the research question the synthesis addresses  | Bat         | :≒ 5<br>Segeound, p.6  |                                       |
| 19<br>20<br>21<br>22<br>23<br>24       | 2. Synthesis<br>methodology                    | ld<br>sy<br>et  | lentify the synthesis methodology or theoretical framework which underpins the<br>ynthesis, and describe the rationale for choice of methodology (e.g. meta-<br>thnography, thematic synthesis, critical interpretive synthesis, grounded theory<br>ynthesis, realist synthesis, meta-aggregation, meta-study, framework synthesis) |             | Banalysis, p.10  |                                       |
| 25<br>26<br>27<br>28                   | 3. Approach to searching                       | al  | idicate whether the search was pre-planned (comprehensive search strategies to seek<br>Il available studies) or iterative (to seek all available concepts until they theoretical<br>aturation is achieved)  |             | arca strategy screening a<br>era SPIDER, p.6                         | nd eligibility                        |
| 29<br>30<br>31                         | 4. Inclusion criteria                          |   | pecify the inclusion/exclusion criteria (e.g. in terms of population, language, year mits, type of publication, study type)   | ilærtechno  | ibity criteria, p.7  |                                       |
| 32<br>33<br>34<br>35<br>36<br>37<br>38 |  | ta sources Describe the information sources used (e.g. electronic databases (MEDLINE, EMBASE,<br>CINAHL, psycINFO), grey literature databases (digital thesis, policy reports), relevant<br>organisational websites, experts, information specialists, generic web searches (Google<br>Scholar) hand searching, reference lists) and when the searches conducted; provide the<br>rationale for using the data sources |   | s ogies.    | rcRystrategy, p.8<br>at<br>Age<br>nce<br>B                           |                                       |
| 39<br>40<br>41<br>42                   |  | D<br>te   | escribe the literature search (e.g. provide electronic search strategies with population<br>erms, clinical or health topic terms, experiential or social phenomena related terms,<br>lters for qualitative research, and search limits)   | Sup         | pplementary appendix 1 a   | and p.6-9                             |
| 42<br>43<br>44<br>45                   | 7. Study<br>screening<br>methods               |   | escribe the process of study screening and sifting (e.g. title, abstract and full text<br>eview, number of independent reviewers who screened studies)<br>For peer review only - http://bmjopen.bmj.com/site/about/guidelines.xhtml   | · ·         | st <mark></mark> dy selection process,<br>w <b>d</b> agram           | Fig 1 PRISMA                          |
| 46<br>47                               |  |   |   |             |  |                                       |

|  | BMJ Open  | cted by Page 84 of 84   |
|--|---|---|
| Supplementary appe   | endix 4: PRISMA and ENTREQ checklist.   | open-202<br>copyrigh  |
| 3  |   |   |
| 8. Study<br>characteristics  | Present the characteristics of the included studies (e.g. year of publication, country, population, number of participants, data collection, methodology, analysis, research questions)   | Tableឆ្លឺ in supplementary appendix 3,<br>Clarageteristics of included studies  |
| 9. Study selection<br>results<br>1<br>2<br>3                           | Identify the number of studies screened and provide reasons for study exclusion (e.g. for comprehensive searching, provide numbers of studies screened and reasons for exclusion indicated in a figure/flowchart; for iterative searching describe reasons for study exclusion and inclusion based on modifications to the research question and/or contribution to theory development) | Fig.1 - PRISMA flow diagram<br>USA Flow diagram<br>USA Flow diagram<br>USA Flow diagram<br>USA Flow diagram   |
| <ul><li>4 10. Rationale for</li><li>5 appraisal</li><li>6</li></ul>    | Describe the rationale and approach used to appraise the included studies or selected findings (e.g. assessment of conduct (validity and robustness), assessment of reporting (transparency), assessment of content and utility of the findings)  | Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos<br>Tapos |
| 7<br>8<br>9 items<br>20  | State the tools, frameworks and criteria used to appraise the studies or selected findings (e.g. Existing tools: CASP, QARI, COREQ, Mays and Pope [25]; reviewer developed tools; describe the domains assessed: research team, study design, data analysis and interpretations, reporting)   | A b as a lof the methodological<br>ling the studies, Table 1,<br>C c al approach  |
| 12. Appraisal<br>23 process  | Indicate whether the appraisal was conducted independently by more than one reviewer and if consensus was required  | p. 40, and consensus achieved.  |
| <sup>26</sup> 13. Appraisal<br><sup>27</sup> results                   | Present results of the quality assessment and indicate which articles, if any, were weighted/excluded based on the assessment and give the rationale  | Table g, CERQual approach   |
| 14. Data<br>extraction   | Indicate which sections of the primary studies were analysed and how were the data extracted from the primary studies? (e.g. all text under the headings "results /conclusions" were extracted electronically and entered into a computer software)   | Data extraction and analysis, p.10  |
| <sup>32</sup> 15. Software   | State the computer software used, if any  | None  |
| <ul> <li>16. Number of</li> <li>reviewers</li> </ul>                   | Identify who was involved in coding and analysis  | gies.   |
| <sup>37</sup><br><sub>38</sub><br>39                                   | Describe the process for coding of data (e.g. line by line coding to search for concepts)   | p.10 B  |
| 40 18. Study<br>41 comparison<br>42                                    | Describe how were comparisons made within and across studies (e.g. subsequent studies were coded into pre-existing concepts, and new concepts were created when deemed necessary)   | Table in supplementary appendix 3.  |
| <ul> <li><sup>43</sup> 19. Derivation of</li> <li>45 themes</li> </ul> | Explain whether the process of deriving the themes or constructs was inductive or<br>deductivedeductiveFor peer review only - http://bmjopen.bmj.com/site/about/guidelines.xhtml  | Inductive process, p.10   |

| Page 85 of 84   |                         | BMJ Open<br>BMJ Open<br>Indix 4: PRISMA and ENTREQ checklist.   |  |
|---|-------------------------|---|--|
| 1   |                         |   |  |
| 2<br>3<br>4<br>5<br>6   | 20. Quotations          | Provide quotations from the primary studies to illustrate themes/constructs, and identify whether the quotations were participant quotations of the author's interpretation | 2021-印第8523 on<br>p.luding   |
| 7<br>8<br>9<br>10   | 21. Synthesis<br>output | Present rich, compelling and useful results that go beyond a summary of the primary   | Discussion, p.17-20  |
| $\begin{array}{c} 11\\ 12\\ 13\\ 14\\ 15\\ 16\\ 17\\ 18\\ 19\\ 20\\ 21\\ 22\\ 23\\ 24\\ 25\\ 26\\ 27\\ 28\\ 29\\ 30\\ 31\\ 32\\ 33\\ 34\\ 35\\ 36\\ 37\\ 38\\ 39\\ 40\\ 41\\ 42\\ 43\\ 44\\ 45\\ 46\\ 47\\ \end{array}$ |                         | studies (e.g. new interpretation, models of evidence, conceptual models, analytical framework, development of a new theory or construct)                                    | nloaded from http://bmjopen.bmj.com/ on June 11, 2025 at Agence Bibliographique de<br>Superieur (ABES) .<br>text and data mining, Al training, and similar technologies. |