



The Health Care in Canada Survey

A National Survey of Health Care Providers, Managers
and the Public

2016 Results: End of Life Options

Disclaimer

The information herein being shared is for educational purposes and is not intended for publication without the prior consent of the Health Care in Canada Knowledge Translation Committee.

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The Health Care in Canada survey is supported by HCIC member organizations, with financial contributions from Merck Canada Inc. Survey data, owned by Merck Canada Inc., are housed at McGill and available for use in further analysis by submitting a [data request](#).

Background

Membership

- Initially formed 1997
- National, multi-institutional stakeholder representation

Rationale

- Measure real-world, relevant trends - experience / opinion / values
- Sample simultaneously - public / clinicians / administrators
- Inform / influence / improve: practices and policies

Legacy

- Uniquely connected, committed network
- Unique tracking capability (12 surveys 1997 - present)
- Increasing relevance / credible / evidence-based influence

2016 Members

- Canadian Cancer Society (CCS)
- Canadian Foundation for Healthcare Improvement (CFHI)
- Canadian Home Care Association (CHCA)
- Canadian Hospice Palliative Care Association (CHPCA)
- Canadian Medical Association (CMA)
- Canadian Nurses Association (CNA)
- Canadian Pharmacists Association (CPhA)
- Constance Lethbridge Rehabilitation Centre (McGill University)
- Health Charities Coalition of Canada (HCCC)
- HealthCareCAN
- Institute of Health Economics (IHE)
- Merck Canada Inc.
- Studer Group Canada

HCIC Methods

Results derived from online survey questionnaires (POLLARA)

- conducted May to June 2016
- with nationally representative samples of:
 - Canadian adult public, MDs, nurses, pharmacists, administrators, allied health professionals.
 - For the purpose of this survey, allied health professionals included nutritionists/dietitians, occupational therapists, physical therapists, psychologists and social workers.

Groups	Sample Size	<i>Estimated</i> Margin of Error
Public	1500	± 2.5%
Doctors	102	± 9.7%
Nurses	102	± 9.7%
Pharmacists	100	± 9.8%
Administrators	100	± 9.8%
Allied Health Professionals	100	n/a

End of Life Options

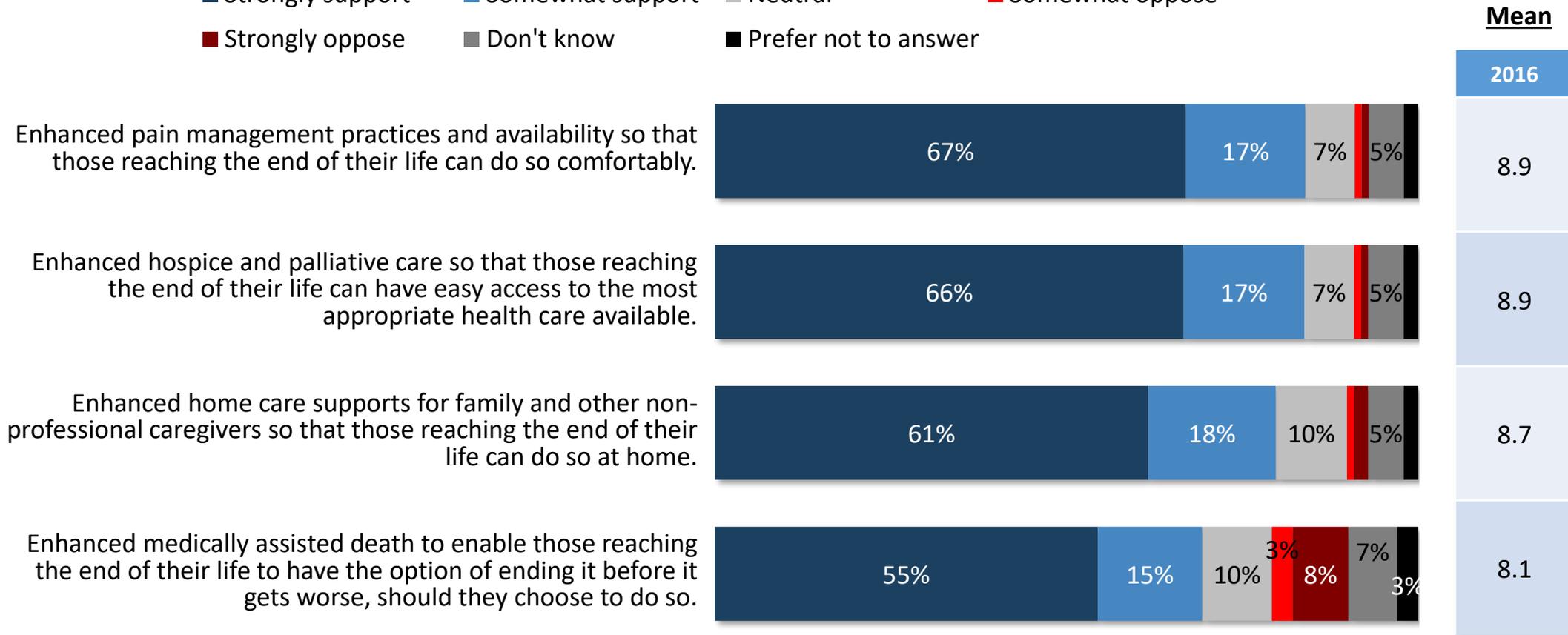
There is some support for medically assisted death, particularly among the general public

- The general public strongly supports all scenarios to help those reaching the end of their life. While medically assisted death receives less support than options which help to support and comfort those dying and their families, 70% express support for medically assisted death, with 55% supporting this option strongly. When asked to choose only two options as priorities, all options received almost equal support, with medically assisted death being chosen by 46% and enhanced pain management by 45% (followed by home care support by 42% and hospice support by 38%).
- While Canadians do believe that doctors should have the right to not provide this service if they choose, they feel doctors should be obligated to refer the patient to another who will.
- Among health care providers, medically assisted death does receive support from the majority. However, this support is not as strong as what is seen by the general public, nor is it as strong as other end of life care options. Roughly nine-in-ten support enhanced pain management, home care and hospice care, but there is less support for medically assisted death, particularly among doctors, of whom only 58% show any support. By comparison, results for other providers is more on par with the results of the general public, with three quarters of nurses, administrators and allied health professionals and two-thirds of pharmacists supporting medically assisted death. However, when asked to choose only two priorities, only a minority of all providers put their support behind medically assisted death, with much stronger support shown for the other three options. That said, much like the general public, health care providers do feel they are obligated to refer patients to providers who will offer medically assisted death if they are unwilling to do so.
- A plurality of health care providers also have some fear of reprisal, even if this service has been legalized by the federal government.

Support for Enhancing End-of-Life Options Public Perceptions

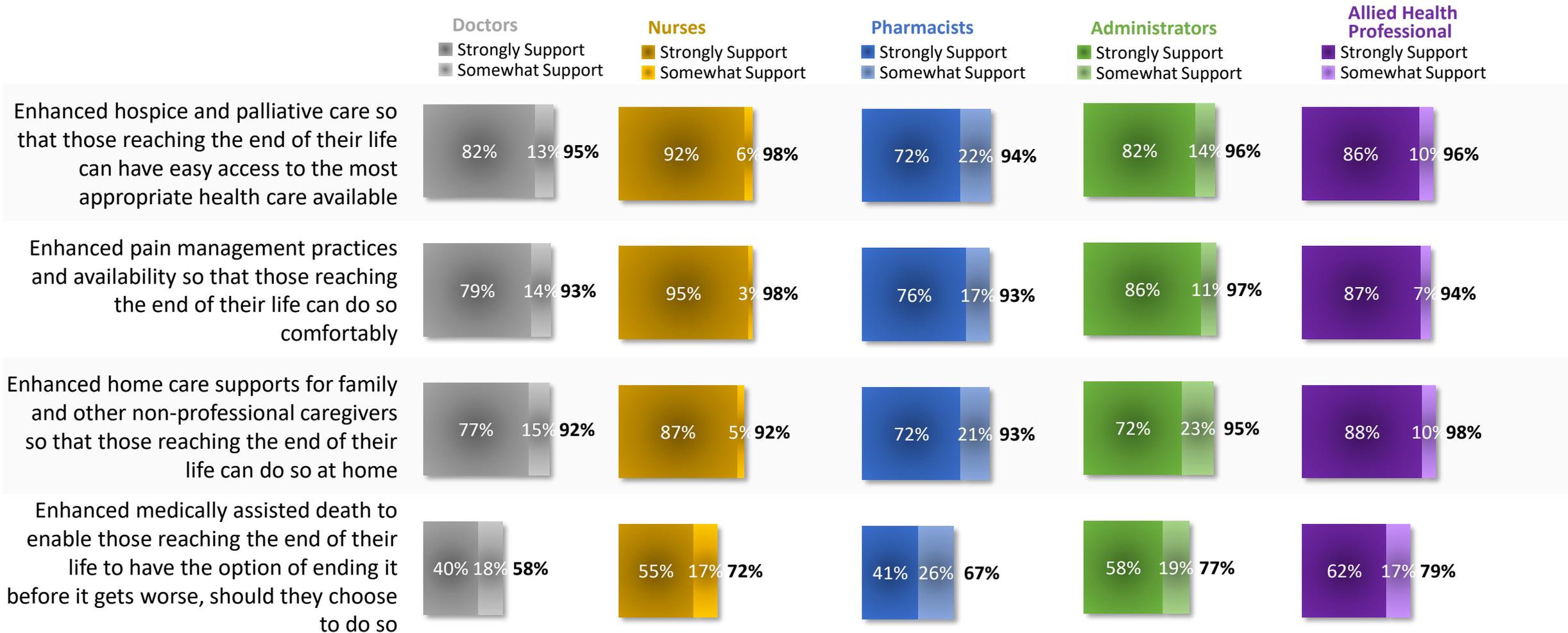


■ Strongly support
 ■ Somewhat support
 ■ Neutral
 ■ Somewhat oppose
■ Strongly oppose
 ■ Don't know
 ■ Prefer not to answer



QN1: Please consider each of the following options for end-of-life health care. Please indicate to what extent would you oppose or support each option using a scale from one to 10, where one means you would 'strongly oppose' it and 10 means you 'strongly support it.' (n=1,500)

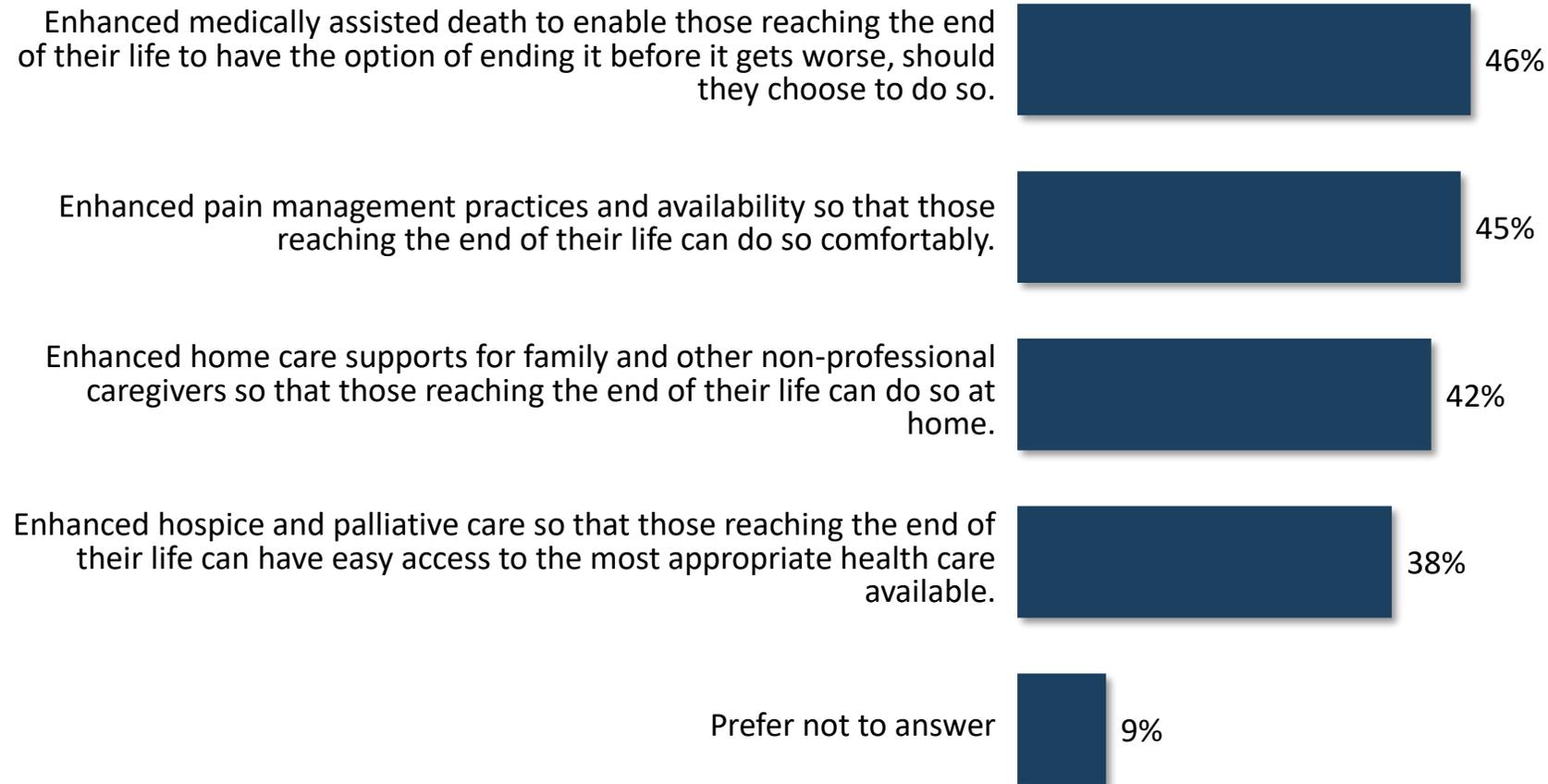
Support for Enhancing End of Life Options Professional Perceptions



QN1. Please consider each of the following options for end-of-life health care. Please indicate to what extent would you oppose or support each option using a scale from one to 10, where one means you would 'strongly oppose' it and 10 means you 'strongly support' it. Doctor (n=102), Nurse (n=102), Pharmacist (n=100), Admin (n=100), Allied Health Professional (n=100)



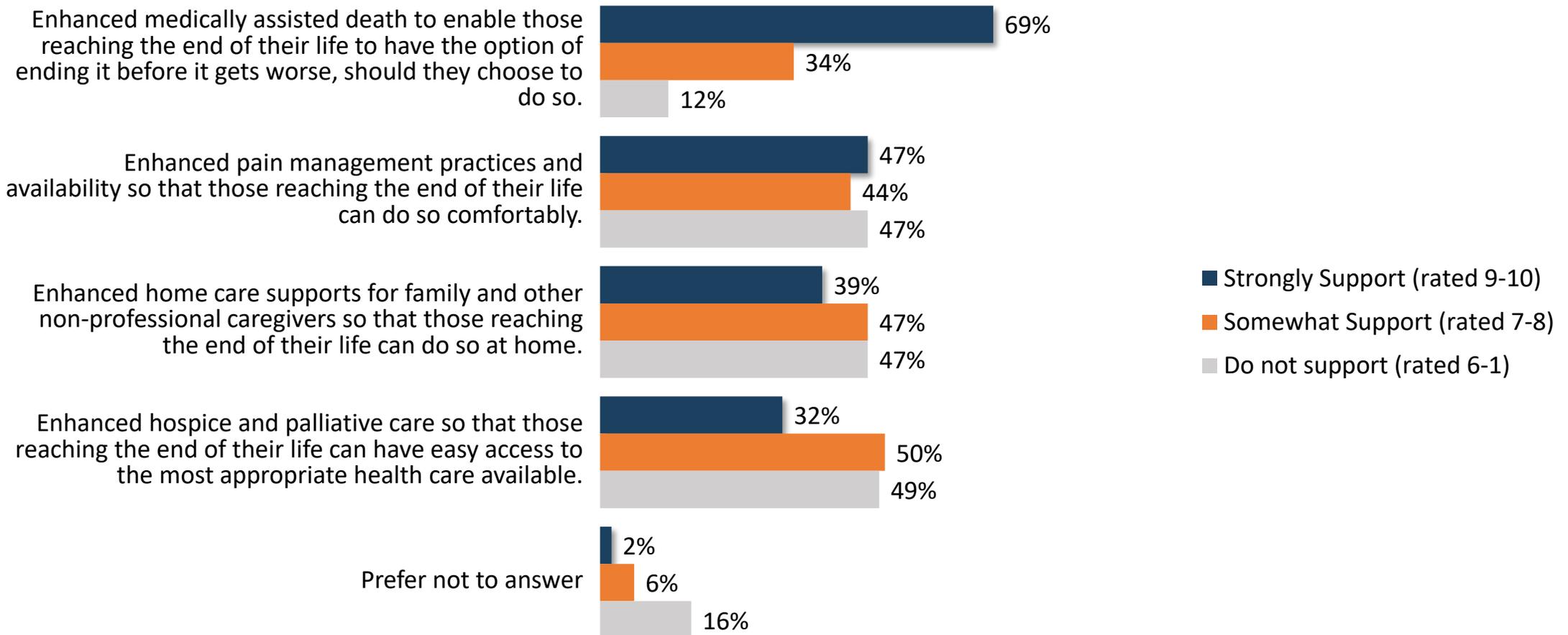
Top Two Priorities



Priorities for Enhancing End-of-Life Options Those who Support Medically Assisted Death - Public



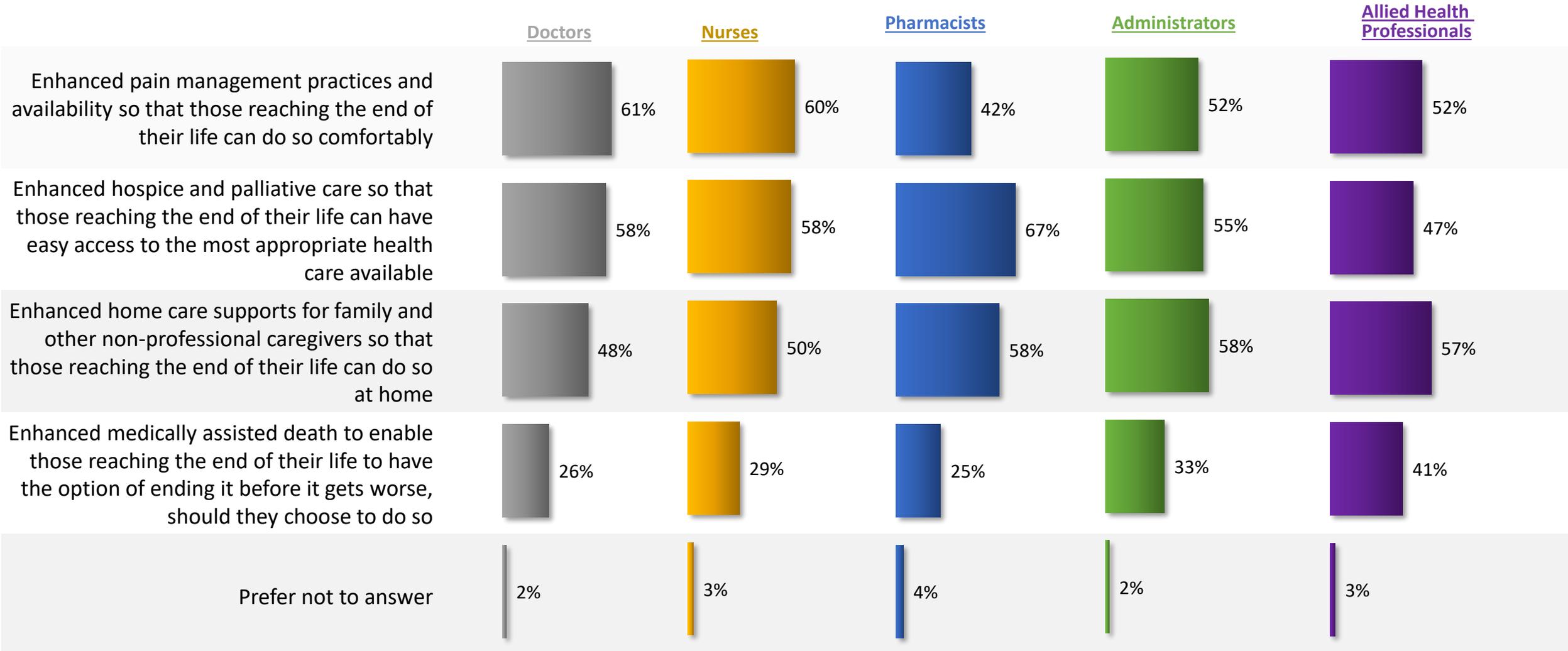
Top Two Priorities by Level of Support for Medically Assisted Death



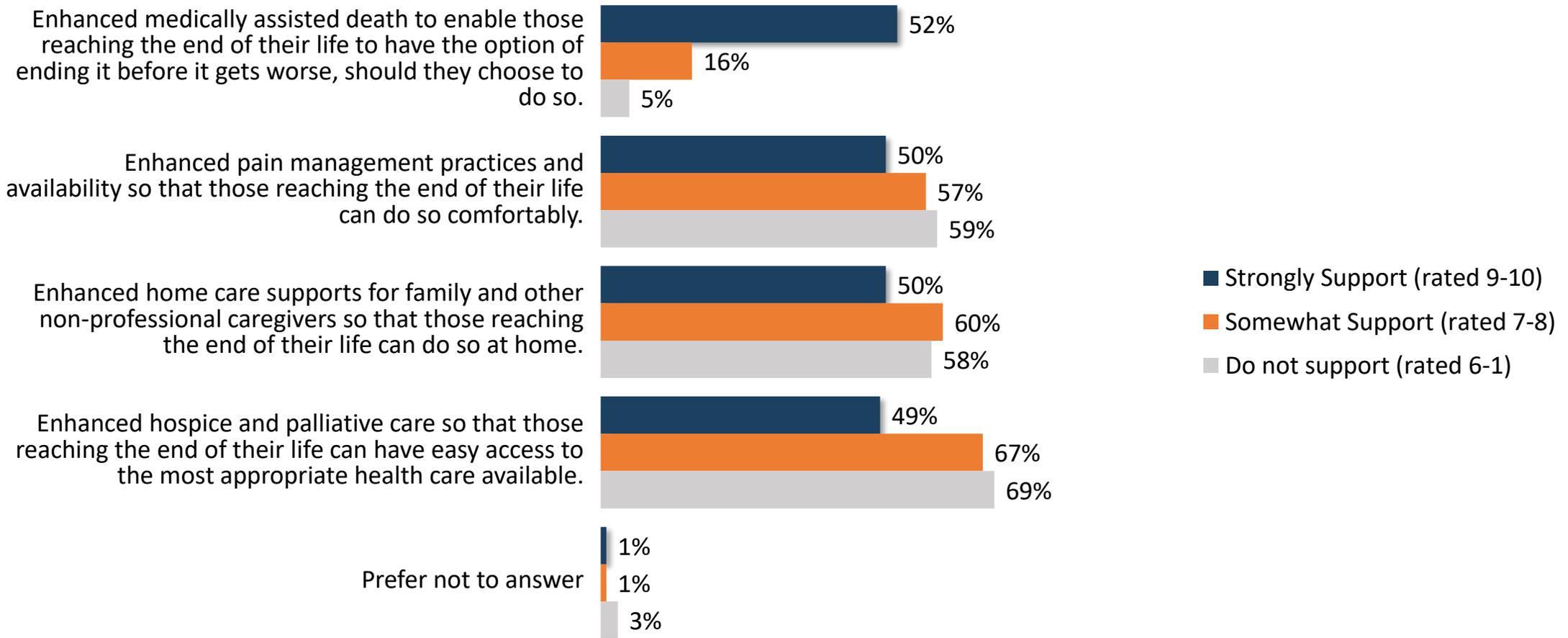
Priorities for Enhancing End of Life Care Professional Priorities



Top Two Priorities

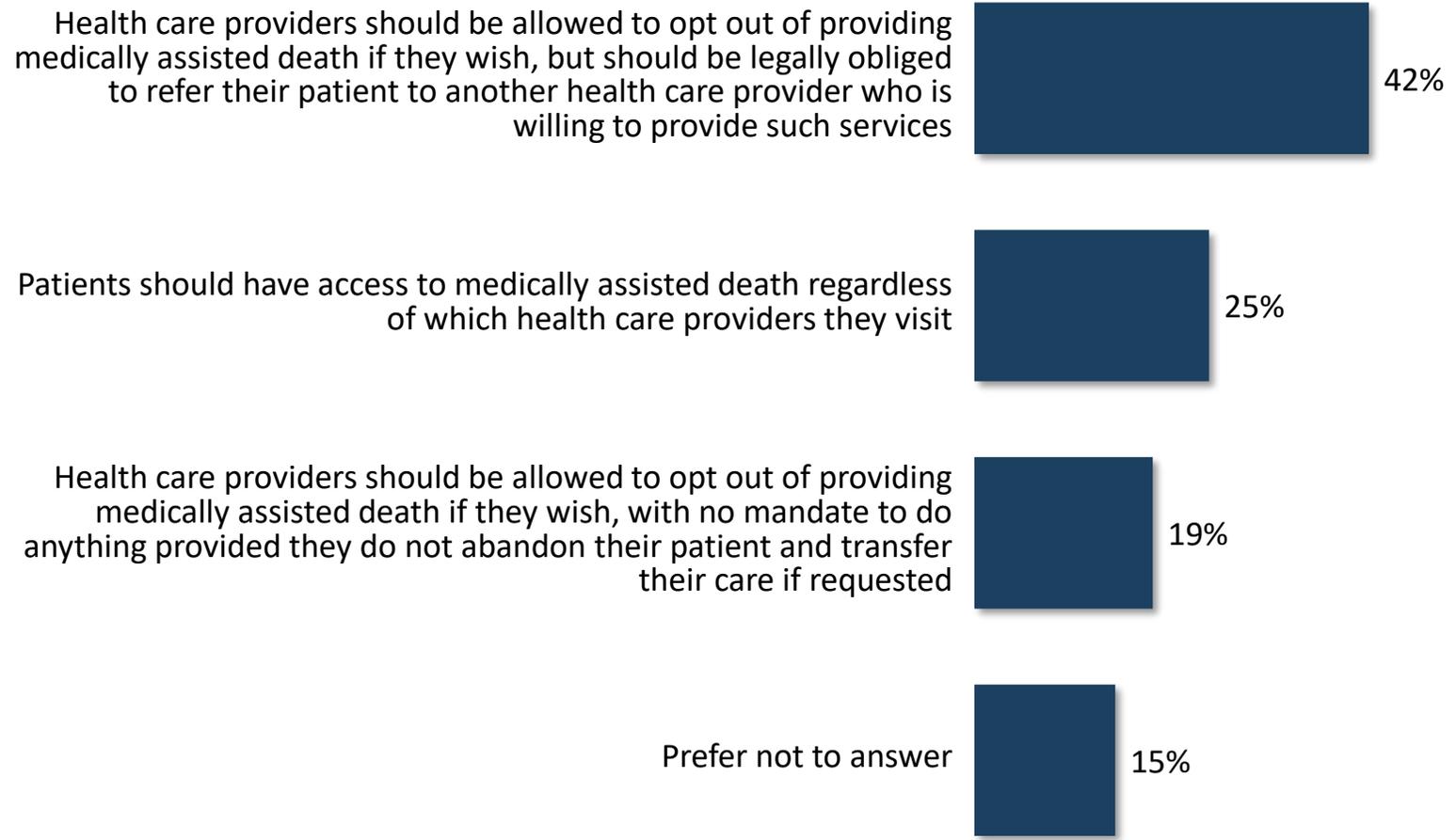


Top Two Priorities by Level of Support for Medically Assisted Death among All Professionals

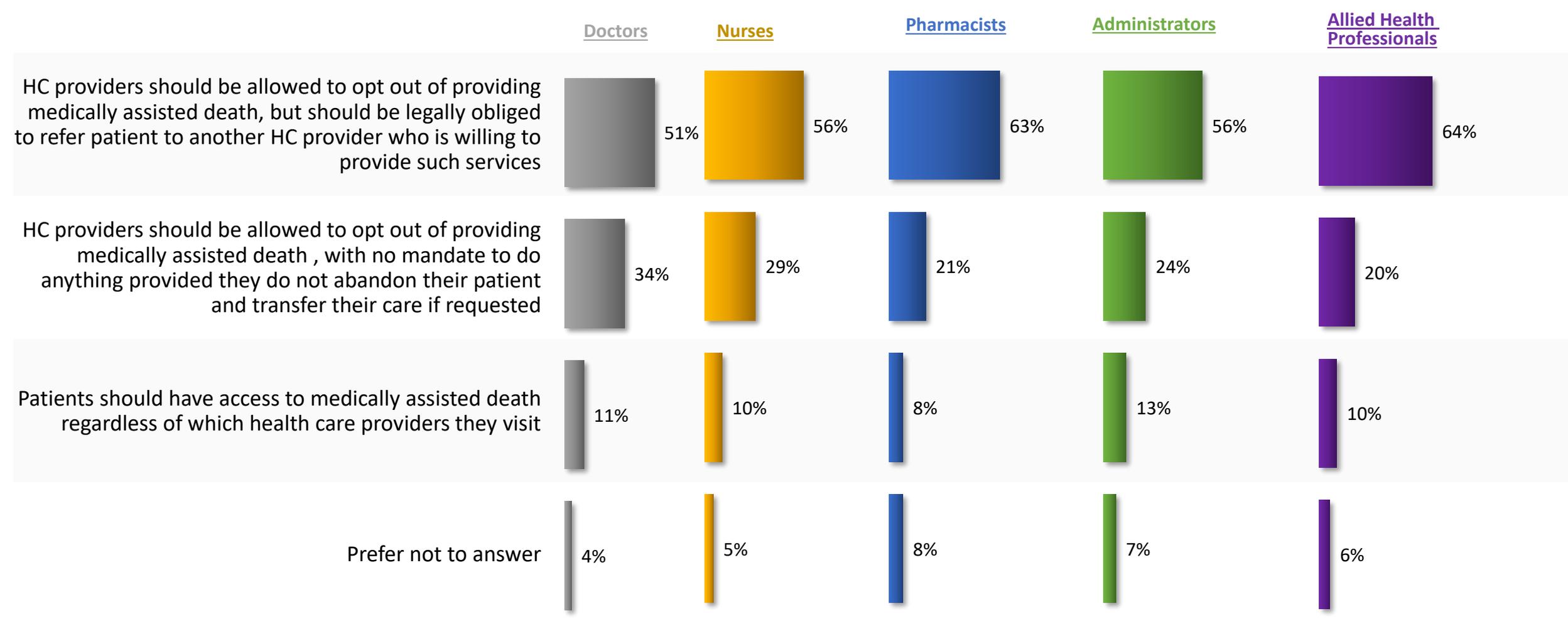


QN2: In your personal opinion, which two of the following should be the top priority for end-of-life care in Canada going forward? Strongly Support (n=258), Somewhat Support (n=97). Do Not Support (n=106)

Patient/Provider Balance for Medically Assisted Death Public Perceptions

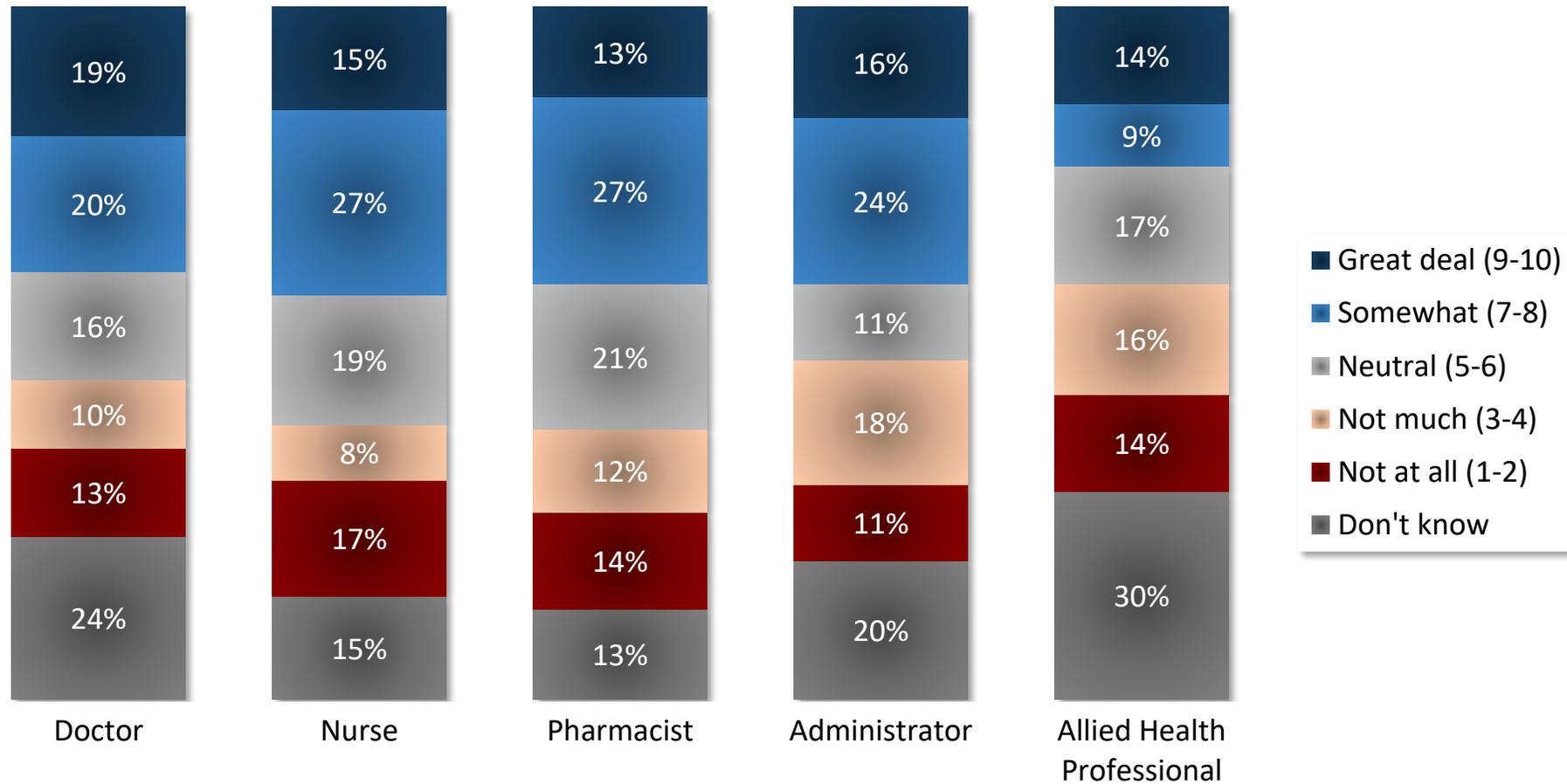


Patient/Provider Balance for Medically Assisted Death Professional Perceptions



QN4: Taking actions designed to medically assist the death of another – even if a patient asks for it – may be difficult for some health care providers. At the same time, we must consider the patient’s right to access universal health care in Canada. Considering this issue, which one of the following statements best describes your own point of view? Doctor (n=102), Nurse (n=102), Pharmacist (n=100), Admin (n=100), Allied Health Professional (n=100)

Fear of Legal Reprisals in Medically Assisted Death Professional Perceptions



N5. In the future, if you were ever to be personally involved in facilitating the provision of medically assisted death in your current role, to what extent would you fear legal or regulatory reprisals even if the federal government has passed legislation expressly allowing for the provision of such services? Please use a scale from one to 10, where one means 'not at all' it and 10 means 'a great deal' Doctor (n=102), Nurse (n=102), Pharmacist (n=100), Admin (n=100), Allied Health Professional (n=100)