

## Introduction: *Planning for and Providing Quality End-of-Life Care*

The College of Physicians and Surgeons (CPSO) is currently reviewing its [\*Planning for and Providing Quality End-of-Life Care\*](#) policy, which set out expectations for physicians on a number of issues related to planning for and providing end-of-life care including advance care planning, palliative care, potentially life-saving and life-sustaining treatments, dying at home, and managing conflicts.

We are inviting feedback at this preliminary stage to help inform our review of this policy. The following survey will ask you a few questions about issues related to end-of-life care. It will take approximately **15-20 minutes** to complete. You will be able to pause during the survey and restart at a later time if you wish.

If you would like to review the survey in advance, you can download a copy [here](#).

All survey responses will be reviewed, and a summary of the results will be posted online following the close of the consultation. The identity of all individual respondents will be kept strictly confidential.

Do you live in:

- Ontario
- Rest of Canada
- Outside of Canada
- Prefer not to say

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Are you a:

- Physician (including retired)
- Medical student
- Member of the public
- Other health care professional (including retired)
- Organization
- Prefer not to say

Please tell us which organization you are responding on behalf of:

What is your gender?

- Male
- Female
- Transgender
- Non-binary
- Not listed:
- Prefer not to answer

Which of the following best represents your race/ethnic background?

- Black (African, Afro-Caribbean, African-Canadian)
- East Asian (Chinese, Korean, etc.)
- Latin American/Hispanic
- Middle Eastern (Arab, Persian, etc.)
- South Asian (East Indian, Pakistani, etc.)
- Southeast Asian (Filipino, Thai, etc.)

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- White (European descent)
- Mixed
- Not listed:
- Prefer not to answer

LGBTQ2S+ is an abbreviation which represents a broad array of identities including, but not limited to, lesbian, gay, bisexual, transgender, queer, and two-spirit.

Based on this description, do you consider yourself to be LGBTQ2S+?

- Yes
- No
- I prefer not to answer

Indigenous Peoples are those who identify as members of First Nations (status, non-status, treaty or non-treaty), Inuit, or Métis communities in Canada.

Based on this description, do you self-identify as an Indigenous person?

- Yes
- No
- I prefer not to answer

The term disability covers a broad range and degree of conditions, some of which are visible and some invisible. A disability may have been present at birth, caused by an accident or developed over time. Disabilities may also be permanent, temporary or episodic.

Based on this description, do you identify as person with a disability?

- Yes
- No
- I prefer not to answer

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CPSO policies set out expectations for physicians in Ontario, that is, they set out what is expected of a competent physician.

What issues do you think are important for CPSO to address when setting out expectations in the [\*Planning for and Providing Quality End-of-Life Care\*](#) policy?

Please feel free to elaborate on the above. For example, expand on why you think the issues are important to include as expectations in CPSO policy. (Optional)

The next few questions relate to advance care planning.

The current policy encourages but does not require physicians to support patients in advance care planning by for example discussing the importance and benefits of advance care planning and choosing a substitute decision maker.

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When thinking about advance care planning, what role do you think physicians can play?

When thinking about the kinds of actions physicians can take to support advance care planning, do you think that physicians should be required to take any of the actions set out below?

	Yes	No	Don't know
Discuss advance care planning with patients including, choosing a substitute decision-maker.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide necessary medical information and opportunity for discussion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encourage patients who have already engaged in advance care planning to review existing advance care plans when significant life events or changes in the patient's medical status occur.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please feel free to elaborate on your answers above (Optional).

The next few questions relate to identifying a patient's goals of care at end-of-life.

When thinking about goals of care at end-of-life, what role do you think physicians can play?

When thinking about the kinds of actions physicians can take to support identifying a patient's goals of care, do you think that physicians should be required to take any of the actions set out below?

	Yes	No	Don't know
Endeavour to understand what is important to the patient in order to ensure that the patient's goals of care are understood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide assistance to patients or substitute decision-makers in order to help them articulate the patient's goals of care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	Yes	No	Don't know
Encourage patients to discuss their goals of care with their substitute decision-maker and/or family members and other health care providers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please feel free to elaborate on your answers above. (Optional)

The next few questions relate to potentially life-saving and life-sustaining treatment options.

Discussions relating to life-saving and life-sustaining treatment options are difficult and require time and potentially multiple conversations between physicians and patients.

The current policy strongly advises physicians to discuss potentially life-saving and life-sustaining treatment options as early as possible and where appropriate.

When thinking about trying to avoid disagreements at the point of when treatment decisions at end-of-life need to be made, what expectations to you think CPSO can set for physicians (or what role do you think physicians can play)?

How important is it for physicians to recognize that patients may have values (often articulated through their substitute decision-maker) that lead them to a different conclusion than what a physician might conclude about the appropriateness of potentially life-saving and life-sustaining treatments?

- Extremely important
- Very important
- Moderately important
- Slightly important
- Not at all important

Please feel free to elaborate (Optional).

How important is it for physicians to take into account patient values when they don't align with the medical standard of care regarding what potentially life-saving and life-sustaining treatments are appropriate to provide?

- Extremely important

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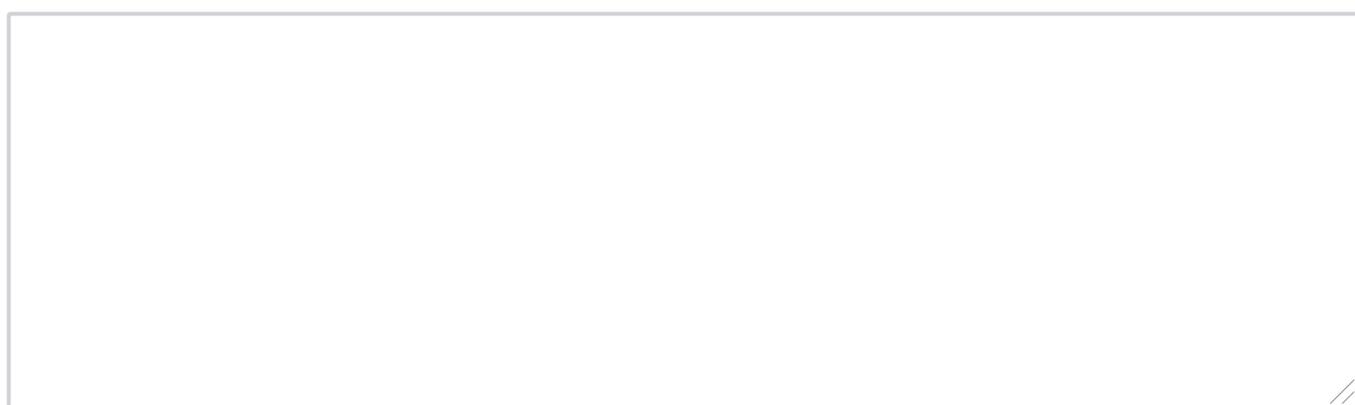
- Very important
- Moderately important
- Slightly important
- Not at all important

Please feel free to elaborate on your answer above (Optional).

Where there is disagreement between the medical standard of care and the patient's values (often articulated through their substitute decision-maker) with respect to providing life-saving or life-sustaining treatments, how important is it for physicians to try and accommodate those values?

- Extremely important
- Very important
- Moderately important
- Slightly important
- Not at all important

Please feel free to elaborate on your answer above (Optional).



The next few questions relate to the policy's expectations around no-CPR orders (Do Not Resuscitate orders).

Please indicate the extent to which you agree or disagree with the current expectations about no-CPR orders.

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
Physicians <b>must not</b> unilaterally make a decision regarding a no-CPR order.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physicians <b>must</b> inform patients that an order will be written and the reasons why.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a patient disagrees and insists that CPR be provided, physicians <b>must</b> engage in conflict resolution as set out in the policy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Strongly agree      Somewhat agree      Neither agree nor disagree      Somewhat disagree      Strongly disagree

If a patient experiences cardiac or respiratory arrest while conflict resolution is underway, physicians **must** provide resuscitative efforts required by the standard of care.

Please feel free to elaborate on your answers above (Optional).

We've heard concerns that the medical standard of care is not always precise or clear about instances where it would be inappropriate to provide CPR or instances where writing a no-CPR order would be warranted. There is some element of judgment required by physicians with consideration to the specific circumstances of the patient.

Can you outline the parameters of or instances where you think it would be inappropriate to provide CPR?

Can you outline the parameters of or instances where you think it would be appropriate to write a no-CPR order?

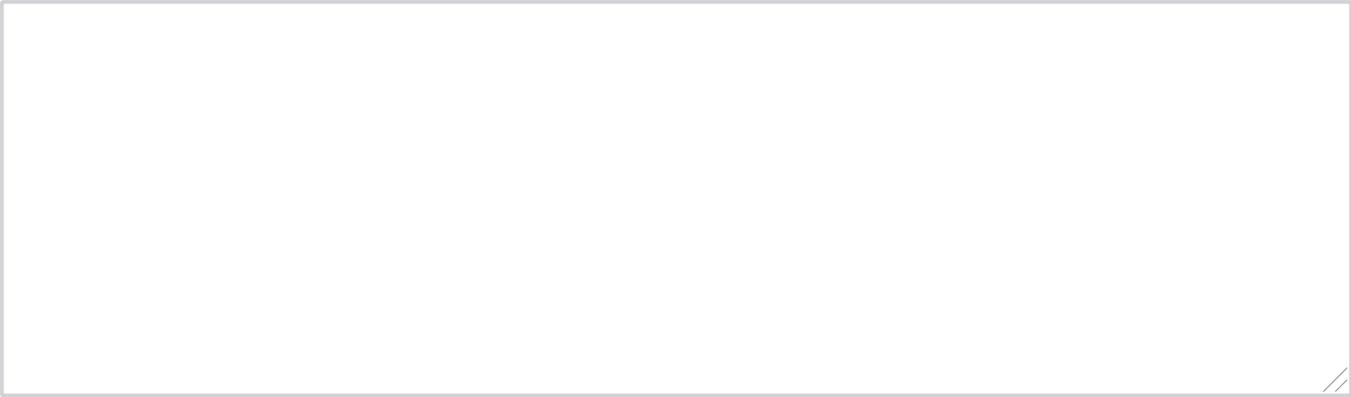
Can you describe the circumstances where it would be appropriate to write a no-CPR order even where there is disagreement between a physician and patient/substitute decision-maker?

To what extent does writing a no-CPR order even where there is disagreement undermine any conflict resolution that was then undertaken to build consensus?

- Strongly undermines
- Somewhat undermines
- Does not undermine

Please feel free to elaborate (Optional).

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The following questions will ask you about the current [Planning for and Providing Quality End-of-Life Care](#) policy.

We're interested to hear your thoughts about the current policy and whether it is clear and comprehensive.

The answers and comments you provide will help us determine where changes or improvements may be necessary. If you have not read the current policy, you will be skipped to the next section; however, the answers you have provided to all previous questions will still be submitted.

If you would like, you may take a moment to read the current policy by clicking [here](#).

Have you read the current [Planning for and Providing Quality End-of-Life Care](#) policy?

- Yes
- No

We'd like to understand whether the current policy is clear and comprehensive.

Please indicate the extent to which you agree or disagree with each of the following statements regarding the current policy.

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	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
The policy is clearly written.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The policy is easy to understand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The policy is comprehensive and addresses all relevant or important issues related to end-of life care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please feel free to elaborate on your answers above. For example, how can we improve the policy's clarity? Are there any topics not covered in the policy that should be?

If you have any additional comments that you have not yet provided, please provide them below, by [email](#), or through our [online discussion forum](#).

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## Thank You!

Those are all the questions we have for you today.

Once a revised policy and companion documents have been developed, stakeholders will be invited to review the new draft policy and companion document and provide further feedback before the policy is considered for final approval by CPSO Council.

Please see our [consultation webpage](#) for more information on CPSO's policy review and consultation process.

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