**Block 1: Introduction**

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***Decision-Making for End-of-Life Care* (General Consultation)**

The College of Physicians and Surgeons of Ontario (CPSO) is currently seeking feedback on its draft *Decision-Making for End-of-Life Care* policy, which sets out expectations for physicians regarding the most challenging end-of-life decisions and the discussions that inform those decisions. The policy sets out expectations for physicians in regards to:

- Advance care planning and goals of care discussions,
- Withdrawing life-sustaining treatment, and
- Withholding resuscitative measures.

The draft *Decision-Making for End-of-Life Care* policy also has a companion document called *Advice to the Profession: End-of-Life Care*. The purpose of this *Advice* document is to clarify and further explain the draft policy content, and to provide physicians with guidance on other specific end-of-life care issues, such as medical certificates of death and dying at home.

We are inviting feedback at this stage to help inform future revisions to the draft policy and *Advice*.

The following survey will ask you a few questions about issues related to draft *Decision-Making for End-of-Life Care* policy. It will take approximately **10—15 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 respondents will be kept strictly confidential.

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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

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

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Do you live in:

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

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**Block 2: Demographics**

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*For review only. Surveys must be completed and submitted online.*

As part of CPSO's commitment to equity, diversity, and inclusion (EDI), we are collecting demographic information about those engaging with our policy development process.

This is aligned with Ontario's *Data Standards for the Identification and Monitoring of Systemic Racism* which aim to establish consistent, effective practices for data collection to support evidence-based decision-making to help eliminate systemic racism and promote racial equity.

The demographic questions that follow are voluntary, anonymous, and will be kept strictly confidential. We encourage you to answer these demographic questions, however this is optional.

Would you like to complete these demographic questions?

- ○ Yes
- ○ No

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Gender refers to the gender that a person internally feels. A person's current gender may or may not differ from the sex a person was assigned at birth and may differ from what is indicated on their current legal documents. A person's gender may change over time.

What is your gender? Please select all that apply:

- ☐ Man
- ☐ Woman
- ☐ Non-binary: _____
- ☐ Transgender
- ☐ I prefer not to answer

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Indigenous Peoples are those who identify as members of First Nations, Inuit, or Métis communities in Canada.

Based on this description, do you self-identify as an Indigenous person? Please select all that apply:

- [ ] Yes, First Nations
- [ ] Yes, Métis
- [ ] Yes, Inuit
- [ ] No
- [ ] I prefer not to say

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Ethnic origin refers to a person's ethnic or cultural origins. Ethnic groups have a common identity, heritage, ancestry, or historical past, often with identifiable cultural, linguistic, and/or religious characteristics.

Examples include: Canadian, Chinese, East Indian, English, Italian, Filipino, Scottish, Irish, Anishinaabe, Ojibway, Mi'kmaq, Cree, Haudenosaunee, Métis, Inuit, Portuguese, German, Polish, Dutch, French, Jamaican, Pakistani, Iranian, Sri Lankan, Korean, Ukrainian, Lebanese, Guyanese, Somali, Colombian, Jewish, etc.

What is your ethnic or cultural origin(s)?

- ○ Open-ended response: _____
- ○ I prefer not to say

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In our society, people are often described by their race or racial background. For example, some people are considered "White," "Black," or "East/Southeast Asian," etc. These categories reflect how people generally understand and use race as a social descriptor in Ontario.

Which of the following represents your race(s)? Please select all that apply:

- [ ] Black (African, African-Canadian, Afro-Caribbean)
- [ ] East or Southeast Asian (Cambodian, Chinese, Filipino, Indonesian, Japanese, Korean, Taiwanese, Thai, Vietnamese, etc.)

- [ ] Latino (Latin-American or Hispanic descent)
- [ ] Middle Eastern (Arab, Persian, or West Asian descent, e.g., Afghan, Egyptian, Iranian, Kurdish, Lebanese, Turkish, etc.)
- [ ] South Asian (Bangladeshi, East Indian, Indo-Caribbean, Pakistani, Sri Lankan, etc.)
- [ ] White (European descent)
- [ ] Not listed:
- [ ] I prefer not to say

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

Do you consider yourself to be LGBTQ2S+?

- ○ Yes
- ○ No
- ○ I prefer not to answer

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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.

Do you identify as person with a disability?

- ○ Yes
- ○ No
- ○ I prefer not to answer

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**Block 3: All Respondents**

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Having timely end-of-life care discussions can, among other things, lead to improved outcomes and quality of life, inform treatment decisions, and ensure the care provided aligns with patient wishes, values, and beliefs.

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The draft policy contains new expectations for physicians with respect to advance care planning discussions (conversations that take place early on and which help prepare patients and their substitute decision-makers for future decision-making).

Specifically, the draft policy requires that:

> "Physicians who provide care as part of a sustained physician-patient relationship must determine whether, based on the patient's illness or medical condition, it is appropriate to initiate an advance care planning discussion and if so, raise end-of-life issues with the patient and encourage the patient to discuss those issues with their substitute decision-maker."

Please indicate the extent to which you agree or disagree with the following statements:

| | Strongly agree | Somewhat agree | Neither agree nor disagree | Somewhat disagree | Strongly disagree |
|---|---|---|---|---|---|
| The expectation about advance care planning discussions is reasonable. | ○ | ○ | ○ | ○ | ○ |
| It is clear from the draft policy when a physician would have to initiate an advance care planning discussion. | ○ | ○ | ○ | ○ | ○ |

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*Optional:* Please feel free to elaborate on your answers above:

The draft policy also contains new expectations for physicians with respect to goals of care discussions (conversations that occur in the context of a serious illness when there are treatment or care decisions that will soon need to be made, and which help inform which treatment options may be provided).

Specifically, the draft policy requires that:

> "Physicians who provide care to patients who are palliative, receiving non-curative treatment, or at risk of clinical deterioration in the foreseeable future must, where possible, initiate a timely goals of care discussion."

Please indicate the extent to which you agree or disagree with the following statements:

| | Strongly agree | Somewhat agree | Neither agree nor disagree | Somewhat disagree | Strongly disagree |
|---|---|---|---|---|---|
| The expectation about goals of care discussions is reasonable. | ○ | ○ | ○ | ○ | ○ |
| It is clear from the draft policy when a physician would have to initiate a goals of care discussion. | ○ | ○ | ○ | ○ | ○ |

*Optional:* Please feel free to elaborate on your answers above:

Reflecting the importance of considering patient wishes, values, and beliefs in end-of-life decision-making, the draft policy states that:

“Physicians must seek to balance medical expertise and patient wishes, values, and beliefs when making decisions about end-of-life care.”

Please indicate the extent to which you agree or disagree with the following statements:

| | Strongly agree | Somewhat agree | Neither agree nor disagree | Somewhat disagree | Strongly disagree |
|---|---|---|---|---|---|
| The expectation strikes the appropriate balance. | ○ | ○ | ○ | ○ | ○ |
| It is reasonable to require physicians to balance their medical expertise with patient wishes, values, and beliefs when making decisions about end-of-life care. | ○ | ○ | ○ | ○ | ○ |
| It is clear from the expectation what physicians are required to balance when making decisions about end-of-life care. | ○ | ○ | ○ | ○ | ○ |
| It is important to require physicians to balance their medical expertise with a patient’s wishes, values, and beliefs when making decisions about end-of-life care. | ○ | ○ | ○ | ○ | ○ |

*Optional:* Please feel free to elaborate on your answers above:

The draft policy outlines a number of actions that physicians must take to manage disagreements that arise regarding a physician's decision to withdraw life-sustaining treatment (e.g., artificial ventilation).

From the following list, what would be reasonable to expect physicians to do in order to manage a disagreement? What would be helpful in resolving a disagreement?

Please select all that apply:

| | Manage disagreement | Resolve disagreement | Both |
|---|---|---|---|
| communicating information regarding the patient's diagnosis and/or prognosis, treatment options, and assessments of those options; | ☐ | ☐ | ☐ |
| identifying the basis for the disagreement, taking reasonable steps to clarify any misunderstandings, and answering questions; | ☐ | ☐ | ☐ |
| reassuring the patient and/or SDM that the patient will continue to receive all other clinically appropriate care or treatment(s); | ☐ | ☐ | ☐ |

| | Manage disagreement | Resolve disagreement | Both |
|---|---|---|---|
| making reasonable efforts to support the patient's physical comfort, as well as their emotional, psychological, and spiritual well-being, by offering supportive services (e.g., social work, spiritual care, etc.) and consultation with the patient's family physician, where appropriate and available; | ☐ | ☐ | ☐ |
| offering to make a referral to another health-care provider and facilitating obtaining a second opinion, where appropriate and available; | ☐ | ☐ | ☐ |
| offering consultation with an ethicist or ethics committee, where appropriate and available; and | ☐ | ☐ | ☐ |
| taking reasonable steps to transfer care of the patient to another facility or health-care provider, if possible, and only when all appropriate and available methods of resolving disagreements have been exhausted. | ☐ | ☐ | ☐ |

*Optional:* Please feel free to elaborate on your answers above:

The court has determined that physicians do not need to get consent before withholding resuscitative measures and/or writing "Do Not Resuscitate" (DNR) orders where a

physician determines it is not appropriate to provide resuscitative measures, such as cardiopulmonary resuscitation (CPR), to a patient.

In keeping with the court decision, the draft policy reconceptualizes the current policy's framework with respect to withholding resuscitative measures.

The draft policy sets out expectations that depend on the reasons why it would be inappropriate to provide resuscitative measures.

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The first reason a physician may determine that providing resuscitative measures is not appropriate is because it would be medically futile (i.e., no intervention can successfully resuscitate the patient). The draft policy explains that the concept of medical futility is as close as possible to a value free, "objective," view of futility.

Please indicate the extent to which you agree or disagree with the following statements:

| | Strongly agree | Somewhat agree | Neither agree nor disagree | Somewhat disagree | Strongly disagree |
|---|---|---|---|---|---|
| The concept of medical futility is clear. | ○ | ○ | ○ | ○ | ○ |
| It is reasonable that a physician would not provide resuscitative measures to a patient when the physician determines that it would be medically futile. | ○ | ○ | ○ | ○ | ○ |

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*Optional:* Please feel free to elaborate on your answers above:

The second reason a physician may determine that providing resuscitative measures is not appropriate is because the risks of providing resuscitative measures outweigh the potential benefits (i.e., even if the patient could be resuscitated in the immediate term, it would cause them more harm than good).

The draft policy explains that when assessing the risks and benefits, a physician is making a calculation that involves their own “subjective” value judgments.

Please indicate the extent to which you agree or disagree with the following statements:

| | Strongly agree | Somewhat agree | Neither agree nor disagree | Somewhat disagree | Strongly disagree |
|---|---|---|---|---|---|
| The risk-benefit calculation concept is clear. | ○ | ○ | ○ | ○ | ○ |
| It is reasonable that a physician would not provide resuscitative measures to a patient when the physician determines that the risks outweigh the potential benefits. | ○ | ○ | ○ | ○ | ○ |
| Patient values have a role to play in determining whether resuscitative measures are appropriate or inappropriate to provide. | ○ | ○ | ○ | ○ | ○ |

*Optional:* Please feel free to elaborate on your answers above:

*Optional:* In your view, are there other circumstances where a physician might determine that it is not appropriate to provide resuscitative measures to a patient? If so, what are they?

The draft policy sets out different expectations for when to inform patients about DNR orders depending on the reasons a physician determines it would be inappropriate to provide resuscitative measures to a patient. Having separate expectations recognizes that physicians may consider a range of factors when deciding to withhold resuscitative measures and write DNR orders.

Specifically, the draft policy states that:

> "Where a physician determines providing resuscitative measures would be **medically futile**, they must, *at the earliest opportunity* [i.e., not necessarily before writing a DNR order], inform the patient/substitute-decision maker that an order will be written."

Please indicate the extent to which you agree or disagree with the following statements:

| | Strongly agree | Somewhat agree | Neither agree nor disagree | Somewhat disagree | Strongly disagree |
|---|---|---|---|---|---|
| It is **reasonable** to require physicians to inform patients and/or substitute-decision makers of a DNR order *at the earliest opportunity*. | ○ | ○ | ○ | ○ | ○ |
| It is **important** for physicians to inform patients and/or substitute decision-makers of a DNR order *at the earliest opportunity*. | ○ | ○ | ○ | ○ | ○ |
| Informing patients and/or substitute-decision makers of a DNR order *at the earliest opportunity* strikes the right balance between supporting physician expertise and respecting patient autonomy as it relates to being aware of information related to their health. | ○ | ○ | ○ | ○ | ○ |

*Optional:* Please feel free to elaborate on your answers above:

The draft policy states that:

> "Where a physician determines that **the risks of providing resuscitative measures would outweigh the potential benefits**, they must inform the patient/substitute-decision maker *before* writing an order."

Please indicate the extent to which you agree or disagree with the following statements:

| | Strongly agree | Somewhat agree | Neither agree nor disagree | Somewhat disagree | Strongly disagree |
|---|---|---|---|---|---|
| It is **reasonable** to require physicians to inform patients and/or substitute-decision makers of a DNR order *before* an order is written. | ○ | ○ | ○ | ○ | ○ |
| It is **important** for physicians to inform patients and/or substitute decision-makers of a DNR order *before* the order is written. | ○ | ○ | ○ | ○ | ○ |
| Informing patients and/or substitute decision-makers of a DNR order *before* an order is written strikes the right balance between supporting physician expertise and respecting patient autonomy as it relates to being aware of information related to their health. | ○ | ○ | ○ | ○ | ○ |

In these instances, there is also an exception to informing patients and/or substitute decision-makers before writing a DNR order: when a patient's condition is deteriorating rapidly and there is an imminent need for an order to be written, a physician must inform the patient and/or substitute decision-maker that the order will be written *at the earliest opportunity* (i.e., not necessarily before writing a DNR order).

Please indicate the extent to which you agree or disagree with each of the following:

| | Strongly agree | Somewhat agree | Neither agree nor disagree | Somewhat disagree | Strongly disagree |
|---|---|---|---|---|---|
| It is clear from the draft policy when the exception above applies. | ○ | ○ | ○ | ○ | ○ |

| | Strongly agree | Somewhat agree | Neither agree nor disagree | Somewhat disagree | Strongly disagree |
|---|---|---|---|---|---|
| It is reasonable that physicians do not need to inform patients and/or substitute decision-makers of a DNR order before writing one in this situation. | ○ | ○ | ○ | ○ | ○ |
| It is important that the draft policy has an exception for this situation. | ○ | ○ | ○ | ○ | ○ |

When informing patients and/or substitute decision-makers that a DNR order will be, or was, written, the draft policy requires physicians to provide details regarding all other clinically appropriate care/treatment(s) they propose to provide.

Please indicate the extent to which you agree or disagree that it is clear what “all other clinically appropriate care/treatment(s)” refers to without seeing an example:

- ○ Strongly agree
- ○ Somewhat agree
- ○ Neither agree nor disagree
- ○ Somewhat disagree
- ○ Strongly disagree

*Optional:* Please feel free to elaborate on your answers above:

*For review only. Surveys must be completed and submitted online.*

Where a physician decides to write DNR order, the draft policy states that physicians must:

- inform the patient and/or substitute decision-maker that a DNR order will be or has been written;
- explain why resuscitative measures are not appropriate; and
- provide details regarding all other clinically appropriate care or treatment(s) they propose to provide.

Please indicate the extent to which you agree or disagree that these expectations would help patients and/or substitute decision-makers accept a physician's medical decision to write a DNR order:

- ○ Strongly agree
- ○ Somewhat agree
- ○ Neither agree nor disagree
- ○ Somewhat disagree
- ○ Strongly disagree

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*Optional:* Please feel free to elaborate on your answers above:

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Where there is disagreement about the writing of a DNR order, the draft policy no longer refers to "conflict resolution," but instead now speaks to "supporting" patients and/or substitute decision-makers.

From the following list, what would provide support to patients and/or substitute decision-makers? What would be reasonable to expect physicians to do in order to provide support to patients and/or substitute decision-makers?

Please select all that apply:

| | Provides support | Reasonable | Both |
|---|---|---|---|
| identifying the basis for the disagreement, taking reasonable steps to clarify any misunderstandings, and answering questions; | ☐ | ☐ | ☐ |
| reassuring the patient and/or SDM that the patient will continue to receive all other clinically appropriate care or treatment(s); | ☐ | ☐ | ☐ |
| making reasonable efforts to support the patient's physical comfort, as well as their emotional, psychological, and spiritual well-being, by offering supportive services (e.g., social work, spiritual care, etc.), where appropriate and available; and | ☐ | ☐ | ☐ |
| taking reasonable steps to transfer care of the patient to another facility or health-care provider, if possible and requested by the patient and/or SDM. | ☐ | ☐ | ☐ |

*Optional:* Please feel free to elaborate on your answers above:

**Block 4: Draft Policy**

In order to answer the next few questions, it is necessary for you to have read the draft *Decision-Making for End-of-Life Care* policy.

If you have not read the draft policy, you will be skipped to the end of the survey; 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 draft policy by clicking here.

Have you read the draft *Decision-Making for End-of-Life Care* policy?

- ○ Yes
- ○ No

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

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

| | Strongly agree | Somewhat agree | Neither agree nor disagree | Somewhat disagree | Strongly disagree |
|---|---|---|---|---|---|
| The draft policy is clearly written. | ○ | ○ | ○ | ○ | ○ |

| | Strongly agree | Somewhat agree | Neither agree nor disagree | Somewhat disagree | Strongly disagree |
|---|---|---|---|---|---|
| The draft policy is easy to understand. | ○ | ○ | ○ | ○ | ○ |
| The draft policy is comprehensive and addresses all of the relevant or important issues related to end-of-life care. | ○ | ○ | ○ | ○ | ○ |
| The draft policy's definitions are clear. | ○ | ○ | ○ | ○ | ○ |

*Optional:* Please feel free to elaborate on your answers above. For example, how can we improve the draft policy's clarity? How can we make the draft policy more comprehensive?

**Block 6: Draft Advice**

In order to answer the next few questions, it is necessary for you to have read the draft *Advice to the Profession: End-of-Life Care* document.

If you have not read the draft *Advice* document, you will be skipped to the end of the survey; 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 draft *Advice* document by clicking

here.

Have you read the draft *Advice to the Profession: End-of-Life Care* document?

- ○ Yes
- ○ No

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As noted above, the draft policy outlines that physicians may determine it is inappropriate to provide resuscitative measures either when it would be medically futile or when the risks would outweigh the benefits.

The draft *Advice* document provides further guidance on how to determine whether providing resuscitative measures would be medically futile or whether the risks would outweigh the benefits.

Please indicate the extent to which you agree or disagree with the following statements:

| | Strongly agree | Somewhat agree | Neither agree nor disagree | Somewhat disagree | Strongly disagree |
|---|---|---|---|---|---|
| The framework would enable me to use my professional judgment to determine if a specific situation is medically futile. | ○ | ○ | ○ | ○ | ○ |
| The framework would enable me to use my professional judgment to determine whether the risks outweigh the benefits in a specific situation. | ○ | ○ | ○ | ○ | ○ |

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Are there topics or issues that you think could benefit from additional detail, explanation, or examples that should be addressed in the draft *Advice* document?

- ○ Yes
- ○ No
- ○ I don't know

*Optional:* Please feel free to elaborate on your answer above:

*Optional:* Does the draft *Advice* document contain any content that you feel is unnecessary and should be removed?

**Block: End**

*Optional:* 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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