

Survey

Physician-assisted dying: Infants, children, and adolescents

Bill C-14 is being considered by Parliament and will legalize physician-assisted dying (which it calls “medical assistance in dying”). Whether access to medical assistance in dying should be offered to minors is an ethical question that has yet to be contemplated by Canadian society.

The purpose of this survey is to obtain Canadian data on the frequency and nature of requests for medically assisted death for infants, children and adolescents. Although only the issue of “mature minors” was raised in discussions leading up to recently proposed legislation, requests for medically assisted death by parents for their never-competent infants and children have also occurred. Therefore, all minors (from neonates to adolescents) are included for inquiry.

Your contribution is greatly appreciated.

1. Which of the following best describes your practice?
 General paediatrician Paediatric subspecialist, specify: _____ Other, specify: _____
2. Please indicate your age: _____
3. Please indicate your gender: Male Female Other
4. Please indicate the first 3 digits of the postal code of your practice: ___ ___ ___
5. How many years have you been practicing? _____
6. What is your main practice setting?
 a) Urban Suburban Rural/Remote
 b) Academic Non-academic
 c) Inpatient hospital ward ED/Urgent care centre Outpatient clinic Private office /community setting
7. Do you provide end-of-life care or palliative care as part of your clinical practice? Yes No N/A
8. Do you have adequate access to palliative care services for patients in your practice? Yes No Unsure N/A

In the last year:

9. Has a **minor (child or adolescent)**:
 a) ever engaged you in an exploratory conversation about medically assisted death?
 Yes – How many? _____ Indicate the number that applies to each age group:
 < 10 years _____ 10–13 years _____ 14–18 years _____
 No N/A
 b) made an explicit request of you for a medically assisted death?
 Yes – How many? _____ Indicate the number that applies to each age group:
 < 10 years _____ 10–13 years _____ 14–18 years _____
 No N/A
10. If you answered ‘yes’ to 9a or b above, did these patients have (**Check all that apply**):
 Progressive or terminal illness Mental illness Disability Intractable suffering
 Other, specify: _____
11. Has a **parent or guardian**:
 a) ever engaged you in an exploratory conversation about medically assisted death for their infant, child or adolescent?
 Yes – on behalf of how many infants, children or adolescents? _____
 Indicate the number that applies to each age group: Neonates (< 30 days) _____ 1–12 months _____
 1–5 years _____ 6–10 years _____ 11–13 years _____ 14–18 years _____
 No
 b) made an explicit request to you for a medically assisted death for their infant, child or adolescent?
 Yes – on behalf of how many infants, children or adolescents? _____
 Indicate the number that applies to each age group: Neonates (< 30 days) _____ 1–12 months _____
 1–5 years _____ 6–10 years _____ 11–13 years _____ 14–18 years _____
 No
12. If you answered ‘yes’ to 11a or b above, did these patients have (**Check all that apply**):
 Progressive or terminal illness Mental illness Disability Intractable suffering
 Other, specify: _____

Investigator: D Davies

Please return this survey with your monthly reporting form. Thank you for your participation.

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