

# Health care clinical professionals' comprehension of the legal status of end-of-life practices in Quebec: Study of scenarios.

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Abstract:

**Objective** To determine health care professionals' understanding of the current legal status of different end-of-life practices and their future legal status if medical aid in dying were legalized and to identify factors associated with misunderstanding surrounding the current legal status.

**Design** Cross-sectional survey using 6 clinical scenarios developed from a validated European questionnaire and from a validated classification of end-of-life practices.

**Setting:** Quebec. **Participants** Health care professionals (physicians and nurses).

**Main outcome measures** Perceptions of the current legal status of the given scenarios and whether or not the practices would be authorized in the event that medical aid in dying were legalized.

**Results** Among the respondents (n = 271, response rate 88.0%), more than 98% knew that the administration or prescription of lethal medication was currently illegal. However, 45.8% wrongly thought that it was not permitted to withdraw a potentially life-prolonging treatment at the patient's request, and this misconception was more common among nurses and professionals who had received their diplomas longer ago. Only 39.5% believed that, in the event that medical aid in dying were legalized, the use of lethal medication would be permitted at the patient's request, and 34.6% believed they would be able to give such medication to an incompetent patient upon a relative's request.

**Conclusion** Health care professionals knew which medical practices were illegal, but some wrongly believed that current permitted practices were not legal. There were various interpretations of what would or would not be allowed if medical aid in dying were legalized. Education on the clinical implications of end-of-life practice legislation should be promoted.

Comments:

## Strengths/uniqueness:

This is a very timely well written manuscript highlighting a number of troubling misconceptions held by health care professionals. The clinical scenarios used are concise and clear. The setting used achieved a very high response rate.

## Weakness:

The findings are limited to a sample of responses representing only 2 Quebec regions and less than half were physicians.

## Relevance to Palliative Care:

The importance of ongoing CME for health care professionals on these evolving issues is very well demonstrated by the limitations in knowledge and misconceptions illustrated by this research.