Q1. Do you agree with the recent Supreme Court of Canada decision that struck down sections of the Criminal Code that prohibit physicians from helping patients die?

- Yes: 58%
- No: 27%
- I don’t know enough about the Supreme Court of Canada’s decision to answer: 13%
- Missing: 0.5%
Q2. Would you help a competent, consenting dying patient end her/his life if requested?

- Never: 53%
- Yes–it’s the patient’s choice: 33%
- If appropriate and rigorous checks and balances are in place: 12%
- Missing (1%)
Q3. What would be meaningfully beneficial to you as a family physician? (check all that apply)

- Suggested actions in response to patient requests for your assistance to help them die: 77%
- Summary of legislation and its implications for family physicians: 75%
- Guidance on ethical approaches and considerations to physician-assisted suicide and euthanasia: 68%
- Education and CPD—what does this mean for my profession and practice: 65%
- The CFPC collaborate with other organizations to influence federal legislators: 44%
- A forum (e.g., web-based) for discussing difficult cases with family physician colleagues: 23%
- None of the above: 1%
Q4. Thinking about the deliverables you identified as beneficial in Q3—which would be the one most important and beneficial to you as a family physician?

29%  
Suggested actions in response to patient requests for your assistance to help them die

26%  
Guidance on ethical approaches and considerations to physician-assisted suicide and euthanasia

18%  
Education and CPD—what does this mean for my profession and practice

16%  
Summary of legislation and its implications for family physicians

9%  
The CFPC collaborate with other organizations to influence federal legislators

2%  
A forum (e.g. web-based) for discussing difficult cases with family physician colleagues
Q5. What kind of role do you see for family physicians in assisting patients who wish to die?

- 39% Limited role—in collaboration with other health professionals
- 35% Primary role—family physicians are in best position to provide medical aid in dying
- 17% No role—no health professionals should take part
- 7% No role—this should be a newly created health profession specifically trained for this
- 0.8% No role—this should be provided by other existing health professionals
Q6. Do you do palliative care as part of your practice?

- Practice focused on palliative care (50%+ is palliative care)
  - 19%
- Special interest in palliative care (20-50% of practice is palliative care)
  - 6%
- No palliative care
  - 69%
- Some palliative care (<20% of services provided)
  - 5%
ePanel #2 Top 10 comments

1. Terminally ill patients should be able to decide when and how they die
2. Concerned about the "slippery slope" effect
3. We don’t need assisted suicide, we need more palliative care
4. I would not be comfortable practicing PAS
5. I do not believe a physician should ever take a life
6. Palliative care physicians should perform physician-assisted suicide
7. Need more education, standard protocols, guidelines and robust control
8. Physicians should be able to opt out of participating in PAS but not abandon their patients by providing an appropriate referral
9. Physicians should be able to opt out of participating in PAS
10. Family physicians are the best positioned to offer advice on and actually carry out the PAS