

Appendix 2 (as supplied by the authors): Standardized Coroner's Office Process for MAID review.

In Ontario, after each MAID procedure, the Coroner's Office speaks with the MAID provider by phone to collect key data about the patient, the provider and the procedure, to ensure compliance with the law. The Coroner's Office also speaks to the deceased's next of kin, to identify any concerns with the MAID process and answer any questions that they may have. The provider must then send all documentation (e.g. assessments, signed request form, medication administration record, other consultations, etc.) by fax or secure electronic transmission to the Coroner's Office to allow a more detailed review of the case, including information about involvement of health care (including palliative care) providers in the assessment process. The coroner's data is normally collected within hours of the procedure, and the Coroner's office follow-ups by telephone to clarify information as needed. Different data collection forms were used by the nurse investigators in the Coroner's Office during their phone calls with providers over time, which is reflected in the data fields present in the database. The amount of data collected for more complex cases was larger, particularly if the patient underwent any additional assessments.

The specialty/subspecialty of the assessors and provider was reported by the provider during their telephone call with the coroner's office and verified using information available on the website of the College of Physicians and Surgeons of Ontario. In Canada, there is no registry of palliative care physicians, and our regulatory colleges only began accrediting palliative care training programs in 1999, meaning that much of Canada's palliative care community have not

completed accredited training in Palliative Care. For example, membership in the Canadian Society of Palliative Care Physicians is not restricted on the basis of training or experience.

The data collection form used by the nurse investigator at the Coroner's Office includes the following fields:

Age

Sex

Gender Identity

Province

Place of Residence

Marital Status

Religious affiliation

Highest Level of Education

Occupation

Difficulties Communicating

Preferred Language of Communication

Date of written request for MAID

Date of Death

First Assessor - Profession

First Assessor Specialty

Second Assessor - Profession

Second Assessor Specialty

MAID Provider - Profession

MAID Provider Specialty

Type of Illness, Disease or Disability

Psychological Suffering

Physical Suffering

10 day reflection period shortened

Patient informed of other options besides MAID

Palliative Care Offered

Palliative Care Declined

Patient receiving PC at time of request for MAID

Patient receiving PC at time of provision of MAID

Type of MAID

Setting of Death

Cases are reviewed by one of 25 coroners or nurse investigators and referred to the Chief Coroner for any process or eligibility concerns, and the Chief Coroner, in discussion with the investigator, determines further follow-up or feedback. Of the first 2241 cases of completed MAID in Ontario, the Chief Coroner referred four (0.2%) physicians to the College of Physicians and Surgeons of Ontario for failing to meet the professional standard of care expected. None of these were referred to the police for criminal charges (Personal communication, Dr. Dirk Huyer, Chief Coroner for the province of Ontario). There were no formal quality checks on the accuracy of the database, but on initial review of the database for this analysis, missing or discrepant data were found in <3% of records for the fields included in our analyses. RH referred back to the original data collection forms to clarify or provide the

missing data where possible. Fewer than 1% of the records had missing data for the final analyses. Data collection methods for the coroner's office have now been amended to reflect the mandatory federal reporting requirements in place since November 2018, for which the coroner's office acts as a provincial designated recipient on behalf of all clinicians.