

SUPPLEMENTARY APPENDIX

ARTICLE TITLE: Physician-Assisted Death: A Canada-Wide Survey of ALS Health Care Providers

Table e-1. Canadian ALS Research Network (CALS) sites.

	Site Name	Location
1.	Centre Hospitalier de l'Université de Montréal(CHUM) / Hôpital Notre-Dame	Montreal, Quebec
2.	CHU de Québec-Université Laval	Quebec, QC
3.	Kingston General Hospital	Kingston, Ontario
4.	London Health Sciences Centre	London, Ontario
5.	McMaster University	Hamilton, Ontario
6.	Montreal Neurological Institute	Montreal, Quebec
7.	Neuro-Rive Sud	Sherbrook, Quebec
8.	Queen Elizabeth II (QEII) Health Sciences Centre	Halifax, Nova Scotia
9.	Stan Cassidy Centre for Rehabilitation	Fredericton, New Brunswick
10.	The Ottawa Hospital, Rehabilitation Centre	Ottawa, ON
11.	University of Alberta	Edmonton, Alberta
12.	University of British Columbia	Vancouver, British Columbia
13.	University of Calgary	Calgary, Alberta
14.	University of Toronto (Sunnybrook Health Sciences Centre)	Toronto, ON
15.	Winnipeg Health Sciences Centre	Winnipeg, MB

Table e-2. Definitions used in this study.

Physician-Assisted Suicide (PAS)	When a competent patient requests his/her doctor to prescribe a medication for the specific purpose of ending his/her life. In most cases, a lethal dosage of barbiturate is prescribed and the <u>PATIENT self-administers</u> this medication.
Voluntary Active Euthanasia (VAE)	When a competent patient requests his/her <u>DOCTOR to administer</u> an intravenous lethal drug for the specific purpose of ending his/her life.
Physician-Assisted Death (PAD)	Includes both PAS and VAE as defined above.
Palliative Care:	An approach that aims to improve the quality of life of patients and their families facing the hardships associated with life-threatening illness. This includes the prevention and relief of suffering by means of early identification, assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

Table e-3. Detailed description of the scenarios describing hypothetical patients with advancing degrees of ALS symptom severity and disability. For all scenarios, respondents were guided to assume that the patient were competent and had no psychiatric illness.

Scenario 1: Mild Stage ALS	A patient with ALS has mild distal weakness in the legs and needs a cane for walking. The patient perceives the disability as extremely severe and negatively impacting their quality of life. The patient has normal respiratory function and survival is indeterminate at this time.
Scenario 2: Moderate Stage ALS	A patient has been diagnosed with ALS and has weakness in their arms and hands and needs assistance with activities of daily living (ADLs). The patient also has dysphagia, weight loss and a feeding tube is recommended. With a feeding tube, this patient's survival is estimated at greater than 6 months.
Scenario 3: Severe Stage ALS	A patient has been diagnosed with ALS and currently has severe breathing difficulties requiring non-invasive ventilation in the form of BiPAP for most of the day and night. The patient has severe weakness in all limbs and can only mobilize by wheelchair. This patient's expected survival is less than 6 months.
