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Perceptions of Psychiatric Advance Directives Among Legal and Mental Health Professionals in Ontario and Quebec

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ABSTRACT

In an exploratory context, a qualitative approach was used to document perceptions of psychiatric advance directives (PADs) among legal professionals (n=50) and mental health professionals (n=150) in Ontario and Quebec. A Web survey was administered and a qualitative analysis approach was used to explore attitudes towards PADs. It was found that legal and mental health professionals hold different values related to clinical, ethical and legal issues, which may be related to their professional training. Among the advantages associated with PADs include their ability to document a mentally ill individual's clear wishes, respect autonomous choices and foster collaborative treatment. Reported disadvantages of PADs include the possibility of new circumstances arising, mentally ill individuals may not comprehend completing a PAD, and whether a mentally ill individual should be permitted to refuse treatment on ethical grounds.

"PADs always pose difficulties because of competing ethics: autonomy and self determination vs. best interest and paternalism. When a person is unable to exercise their will they are no longer fully autonomous and the need to act in their best interest is the default position unless prior autonomous choice is known."

— Psychiatrist

"I am willing to implement PADS in order that a person's right to dignity, freedom and self-determination is preserved."

— Lawyer

Introduction

Psychiatric advance directives (PADs) are legal tools allowing mentally ill individuals to document prospective treatment choices in the event of becoming incompetent in the future (Elbogen et al., 2007; Swanson, McCrary, Swartz, Elbogen, & Van Dorn, 2006; Swanson, Swartz et al., 2006; Swartz & Swanson, 2007). PADs offer the potential to empower mentally ill individuals, but also raise ethical questions regarding the right to autonomy, how coercion should be used to leverage choice, and the role of the consumer in making treatment choices (Swanson, McCrary et al., 2006). Understanding mental health professionals' views of PADs (Van Dorn, 2005; Swartz et al., 2005; Von Dorn, 2005), along with those of legal professionals (O'Connell & Stein, 2005), is critical to handling issues of treatment refusal, medication compliance, and empowerment.

PADs question the degree that mentally ill individual's autonomous choices will be genuinely respected (Macklin, 1987; Ritchie, Sklar, & Steiner, 1998; Sass, 2001; van Willigenburg & Delaere, 2005). The ethical theory of principalism holds that, "respect for the autonomous choices of persons runs as deep in common morality as any principle, but little agreement exists about its nature, scope, or strength" (Beauchamp & Childress, 2001). Mental health and legal professionals have ethical obligations to assist mentally ill individuals find ways to regain loss of autonomy, and to that end PADs may increase feelings of self-determination and empowerment (Kim et al., 2007).

Both Ontario and Quebec law permit mentally ill individuals to make advance directives, much in the same way as individuals with physical difficulties are able to do so. Quebec uses 'Mandates in Case of Incapacity' that allow a mandator, while in full possession of his faculties, to appoint another individual, the mandatory, to protect or administer property and for the protection of the mandator's person in the event of becoming temporarily or permanently incapable (CCQ, 2130-2137). Ontario uses a proxy directive in the form of a Power of Attorney for Personal Care, a

legal document whereby individuals can name someone to make decisions about their care in the event they become incapable (SDA, 46-53). Personal care includes decisions about health care, medical treatment, nutrition, shelter and hygiene.

Legal and mental health professionals do not always share similar values towards ethical choices made by psychiatric patients. With respect to treatment choices, psychiatrists will not share identical concerns as lawyers, and psychologists do not have a similar outlook as social workers. Although mental health consumers express enthusiasm about completing PADs, clinicians are not always aware of them (Kim et al., 2007). A shared decision-making approach can help resolve some of the ethical strain that arises in the physician-patient relationship (Hamann, Cohen, Leucht, Busch, & Kissling, 2007; Schauer, Everett, del Vecchio, & Anderson, 2007); nevertheless, competing values such as personal and clinical autonomy must weigh in on both sides of the ethical equation (Hundert, 1987; Purtillo, 1980). A values-based framework in mental health ethics offers a novel approach to clinical decision-making by negotiating individual values with the development of best evidence (Petrova, Dale, & Fulford, 2006). Interest is growing in Canada on how implementing PADs would interact with mental health legislation and ethical and legal aspects of the right to refuse treatment (Ambrosini & Crocker, 2007). Thus, the objectives of this qualitative analysis study were to explore competing ethical values among mental health and legal professionals, to assess their views of advantages and disadvantages of PADs, and examine willingness to use them in practice.

Methods

Participants and Recruitment

The current report is part of a larger study conducted on perceptions of PADs (Ambrosini, Crocker, Israël, & Perreault, submitted). A convenience sample of legal professionals (N=50) and mental health professionals (N=150) in Ontario and Quebec were invited to complete a web survey that measures attitudes towards PADs. To recruit participants, we contacted professional associations, asking them to forward an email to their members as an invitation to participate. The email contained a hyperlink to the web survey allowing participants to provide informed consent and respond accordingly.

Legal professionals included lawyers specializing in health law and administrative tribunal members from Review Boards. Lawyers were recruited through the Ontario division of the Canadian Bar Association's Health Law Section and the Québec division '*Section droit de la santé*'. A total of n=30 lawyers responded to the survey with 67% from Ontario, 30% from Québec, and 3% from a mixed jurisdiction (licensed to practice in Québec and Ontario). Administrative tribunal members of Review Boards conduct specialized judicial hearings related to consent and capacity issues for psychiatric treatment, which include lawyers, psychiatrists, psychologists or community members. The Ontario Consent and Capacity Board, Ontario Review Board and *Tribunal Administratif du Québec* agreed to participate. In total, n=29 administrative tribunal members participated.

Mental health professionals included psychiatrists and psychologists. Psychiatrists from Ontario and Quebec were recruited through the Canadian Psychiatric Association and a convenience sample of psychiatrists through the Douglas Mental Health University Institute's network. In total, 98 psychiatrists participated, with 71% from Ontario, 12% from Quebec and 16% from a mixed jurisdiction (both Ontario and Québec). Psychologists from Ontario were recruited through the Ontario Psychological Association and a listserv of Québec psychologists hosted by Laval University in Québec City. Among the 50 psychologists who participated, 59% practiced in Ontario, 31% in Québec and 5% were from a mixed jurisdiction. More information regarding the sample description is described elsewhere (Ambrosini, Crocker, Israël, & Perreault, submitted).

Web Survey

A bilingual, online web-survey was designed (Remark Web Survey 3, 2003). Two open-ended questions assessed: (i) perceptions of advantages and disadvantages of PADs and, (ii) willingness to use PADs. These two open-ended questions were part of larger 39-item web-survey (Ambrosini, Crocker, Israel, & Perreault, submitted). The first question was asked at the beginning of the survey and the second question was asked at the end of the survey. It is possible that responses to the second question at the end of the survey may have been influenced by responses to the first question and the survey items. The survey was pilot-tested and revised before administered to the participants. Among the 200 participants, 97% (n=193) responded to the first question on advantages and disadvantages, and 95% (n=189) responded to the second question related to willingness to begin using PADs.

Analytical Procedure

Each response was read and coded inductively through an emerging categories approach by two individuals and then classified into two major themes: advantages or disadvantages. These responses were then sub-categorized into major themes by frequencies of recurrent unifying concepts using a qualitative software program (QSR N6, 2000). The advantages (Table 1) and disadvantages (Table 2) were classified and coded according to categories that emerged from the analysis. A single response could contain multiple advantages or disadvantages. A participant perspective coding scheme was used to identify if the participant had a positive, negative, or indifferent attitude towards PADs. Responses from the second question were coded further into three sub-categories: (i) willing (a clear statement made in favor of PADs); (ii) unwilling/reluctant (a clear statement not in favor of PADs); or (iii) neutral (no definitive comment or specific neutral statement towards PADs). The goal of these qualitative analyses was to explore and contextualize these open-ended responses.

Data Collection

The data was collected from a securely encrypted website by a senior computer technician at the Douglas Mental Health University Institute, accessible only through a data key with a 128 bit encryption code.

TABLE 1 ADVANTAGES OF PADS REPORTED BY LEGAL AND MENTAL HEALTH PROFESSIONALS

Emerging Category	Category Definition	Legal Professionals		Mental Health Professionals	
		n	%	n	%
Predictability	PADs provide a predictable and consistent approach to honoring wishes	16	4	23	2
Dignity	PADs respect an individual's dignity	1	-	26	3
Autonomous choice	PADs foster independence, autonomy, self-determination, and treatment choices which allow the individual to control decision-making	78	19	196	23
Clear wishes	PADs help identify, respect, and uphold an individual's earlier stipulated clear wishes when made in a competent frame of mind	141	35	161	19
Collaborative treatment	PADs foster collaboration between psychiatrists and/or treatment teams	89	22	101	12
Legal concerns	Any positive legal reference to PADs upholding prior competent wish	7	2	34	4
Family/ SDM	PADs have positive effects on families and/or substitute decision-makers	38	9	76	9
Empowerment	PADs protect the mentally ill from coercion or paternalism	4	1	15	2
Medical benefits	PADS have positive medical or psycho-medical treatment benefits	12	3	112	13
Protection	PADs protect the mentally ill from coercion or paternalism	6	1	41	5
Liberty rights	PADs foster libertarian rights of the mentally ill	9	2	24	3
Systemic policy change	PADs encourage positive government or hospital policy changes	0	-	32	4
	Total Responses	**401**	**32**	**841**	**68**

Ethics Approval

This study was submitted and received expedited approval by the McGill University Health Center Research Ethics Board and the Douglas Mental Health University Institute's Research Ethics Board.

Results

Among the 193 participants who responded, it was found that the highest proportion of reported advantages of PADs is their ability to document clear wishes, honour autonomous choices, encourage collaborative treatment, provide medical benefits, include family and substitute decision-makers, protect individuals from coercion, uphold prior competent wishes through the law, offer predictability in decision-making, respect liberty rights, encourage systemic policy changes, respect dignity and empower the mentally ill.

The most frequently reported advantage of PADs was that they encourage others to respect any clearly documented wishes made by an individual while competent:

> "The advantage is the same as for other advance directives: to make clear at the time of decision-making what the patient's wishes were at the time of making the directive. One might believe that this would lead to less confrontation and confusion at the time a decision has to be made."
>
> — Lawyer

> "Advantages are the same for all advance directives - they allow a person to have a say in their treatment at a future time when they have become incapable of making a decision about treatment."
>
> — Psychiatrist

> "A valid capable wish should be followed by the substitute decision-maker and the treatment team…There must also be a system to review and interpret PADs to determine whether wishes are valid or what the individual actually meant."
>
> — Rights Adviser

TABLE 2 DISAVANTAGES OF PADS REPORTED BY LEGAL AND MENTAL HEALTH PROFESSIONALS

Emerging Category	Category Definition	Legal Professionals		Mental Health Professionals	
		n	%	n	%
Non-comprehensive	PADs are not comprehensive enough to deal with all possible contingencies that may arise	15	3	55	5
Lack awareness	Skepticism of PADs as not being completed while fully aware, capable, or competent with all mental faculties for truly informed consent	65	16	185	15
Self-bound	PADs bind prior competent wishes in the form of a self-binding contract which cannot later be revoked	22	5	174	6
Better treatment	PADS do not account for better medical treatment made available in the future, which binds the individual to outdated treatment	46	10	109	9
Treatment refusal	PADs should not allow mentally ill to refuse medical treatment	60	13	133	11
Professional non-compliance	PADs discourage collaboration and compliance between mental health professionals and mentally ill individuals	30	7	87	7
Overbroad	PADs are overbroad in what they allow to be included in the documents	15	3	15	1
Perpetuates illness	PADs will translate into mental illness being perpetuated	7	2	98	8
Economics	PADS have a negative cost or economic effect	11	2	24	2
Restricts liberty	PADs actually restrict the rights and liberties of mentally ill individuals	9	2	10	1
New/changed circumstances	New or changed circumstances may arise so that prior wishes should be revised	72	16	38	3
Legal concerns	Any reference to PADs as having a negative legal consequence	29	7	115	10
Validity	PADs are not or should not be considered valid documents	**12**	**3**	**12**	**1**
Family/SDM	PADs discourage family and/or substitute decision-makers collaboration	**16**	**4**	**116**	**10**
Hospital detention	PADs keep mentally ill individuals detained in hospital indefinitely	**20**	**4**	**66**	**5**
Bureaucratic challenges	PADs are seen as bureaucratic	**12**	**3**	**21**	**2**
Danger/safety concerns	Leaving mentally ill individuals untreated increases dangerousness, threat, and safety concerns to the public	**0**	-	**28**	**2**
More research needed	More research required regarding PADs before willing to make a definitive comment	**5**	**1**	**17**	**1**
	Total responses	**446**	**27**	**1203**	**73**

Another reported advantage of PADs was their ability to foster self-determination and honor the autonomous choices of mentally ill individuals:

> "One advantage is that by completing the PAD the individual feels that he/she has some control over her/his life, and has input into the course of treatment, thus does not feel helpless, or at the mercy of others who may be perceived as having power over him/ her."
>
> — Administrative tribunal member

> "Favorable prejudice based on my knowledge of wills at the end of life and the right to self-determination."
>
> — Lawyer [translated]

Mental health and legal professionals value the importance of collaborative treatment in contemplating to document a PAD:

> "The advantage is that the individual is actively involved in his future treatment. The disadvantage is that…at the moment of a crisis that they know better than when the individual was competent. It is essentially an argument between professionalism and individual rights to self determine their future."
>
> — Psychiatrist

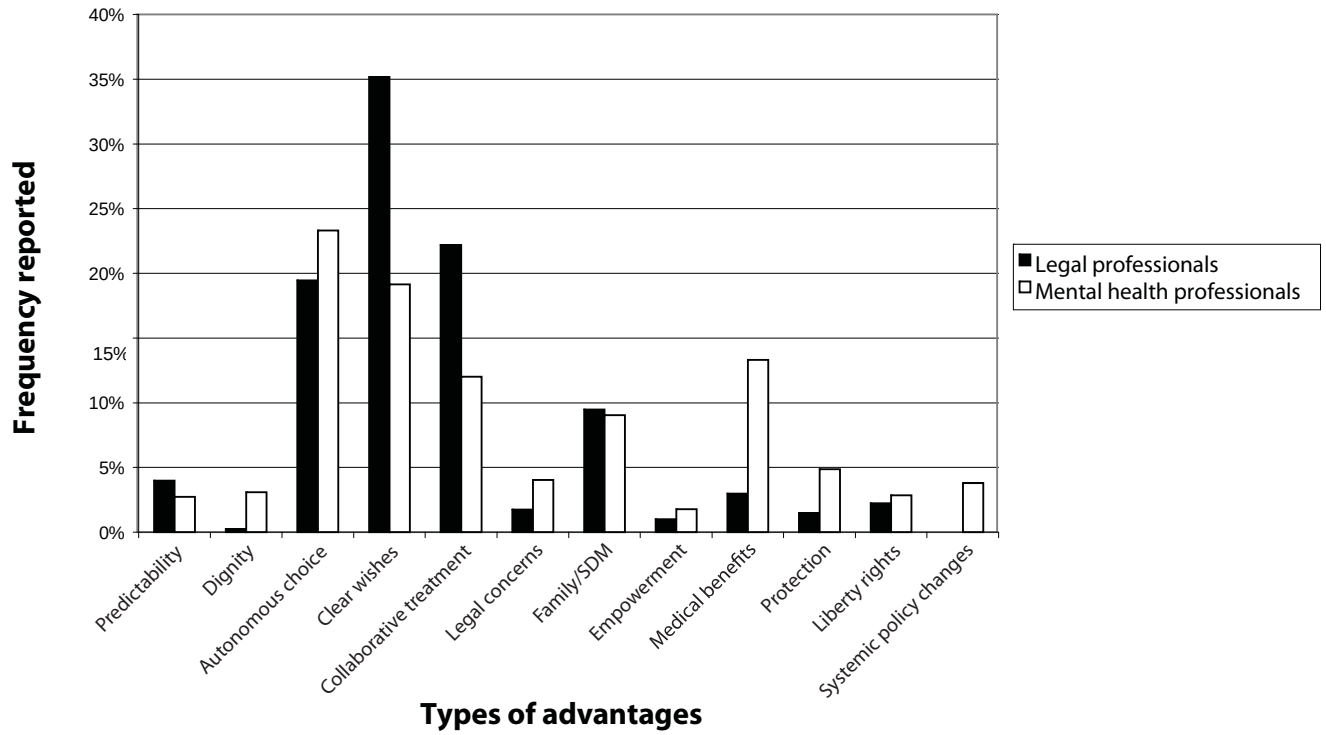
> "Integrates patient and his family in making decisions, fosters better collaboration between health care professionals and treated patient."— Psychiatrist [translated]

The top three advantages of PADs cited by legal professionals are that they are useful to document clear wishes, foster collaborative treatment and respect autonomous choice. Mental health professionals focused on PADs ability to respect autonomous choices, document clear wishes, offer medical benefits and encourage collaborative treatment (see Graph 1). For example, only 3% of legal professionals associated PADs with medical benefits, compared to 13% of mental health professionals.

Furthermore, we found that psychiatrists, psychologists, lawyers and community members hold different perceptions of advantages associated with PADs (see Graph 2). Psychiatrists associated PADs with possible medical benefits more frequently than lawyers. Lawyers, on the other hand, reported that PADs can be used to document clear wishes and offer predictability in decision-making more than community members, psychiatrists, and psychologists. Community members highlighted PADs' potential to promote collaborative treatment as an advantage.

We also found that advantages of PADs may be related to the jurisdiction a professional practices in, whether Ontario or Quebec. Quebec professionals reported more frequently than Ontario professionals that PADs offer the advantage of documenting clear wishes and providing legal protection. Quebec professionals saw PADs as offering greater legal advantages than Ontario professionals. Conversely, Ontario professionals reported that PADs have greater advantages in medical benefits compared to Quebec professionals. The results of the quantitative part of this study suggest that Quebec professionals are less familiar with PADs, but more willing to start using them in their professional practice (Ambrosini, Crocker, Israël, & Perreault, submitted). More re-

Graph 1. Advantages of PADs by profession



search in a larger sample would be required to determine whether the differences between provinces are meaningful. However, it is possible that differences in familiarity may be partly related to the terminology in provincial legislation, where Quebec refers to Mandates in Case of Incapacity and Ontario uses the expression advance care planning.

Disadvantages of PADs

We found that the disadvantages associated with PADs could be categorized into 18 themes (see Table 2). Among the most frequently reported disadvantage of PADs was that mentally ill individuals may lack awareness to fully understand the document they are completing:

"The main disadvantage would be to accurately judge the capacity at the time of the implementation of the PAD."
— Psychiatrist

"People filling these documents do not necessarily have the capacity to make an informed decision, even when not in crisis; the refusal of treatment is problematic because it can lead to dangerous situations for ourselves and for others thereafter (e.g. paranoid individuals)."
— Psychologist (translated from French)

"Disadvantages are that it is often difficult to completely ascertain that an individual is capable of making these decisions as it is difficult to assess the effect of their illness on capacity."
— Psychiatrist

The second most frequently reported disadvantage of PADs is that mentally ill individuals may not fully understand the treatment choices they are making:

"It's great to allow people to plan, but do they truly recognize the situation that they will find themselves in and the problems that PADs may cause for their treatment. The Starson case is a prime example, where the patient ended up in a secure locked ward for a long period of time because no treatment was undertaken." — Lawyer

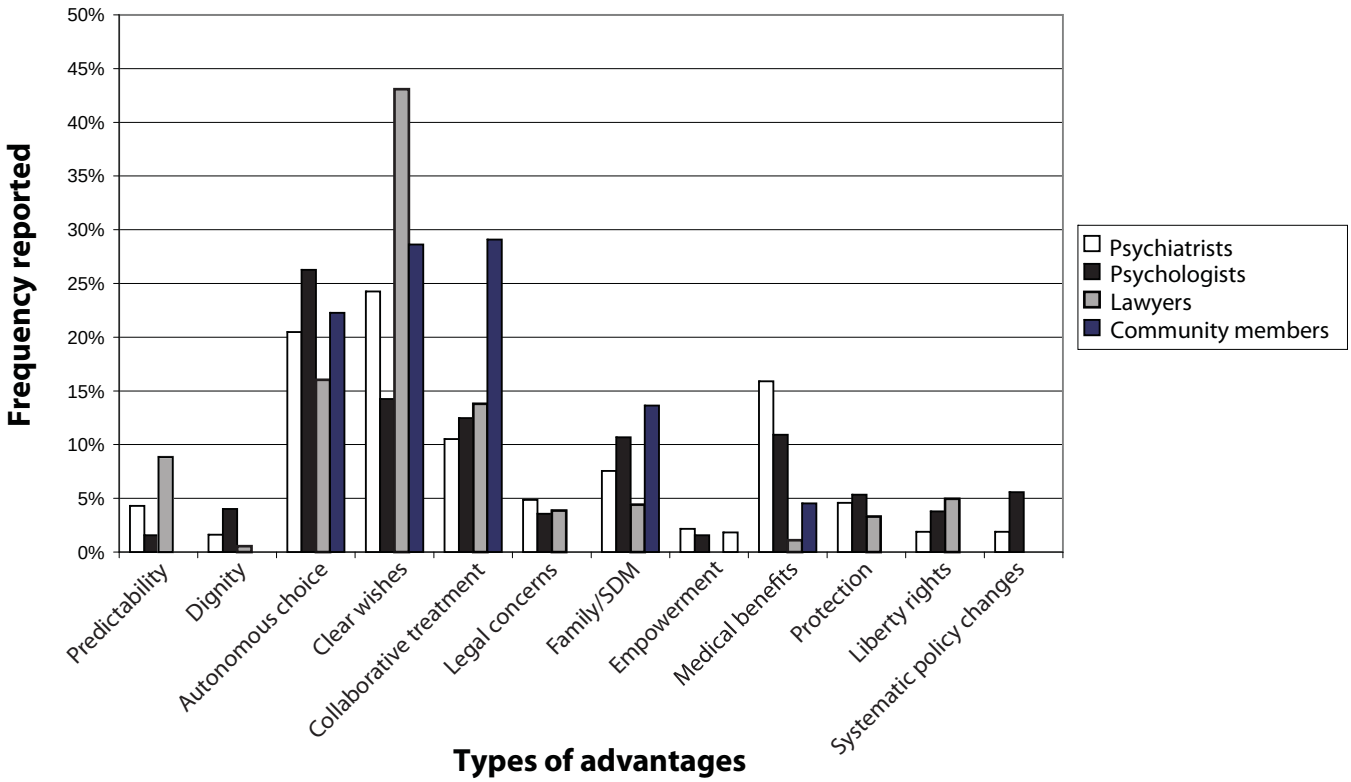
"I have seen the damage to patients and their families from refusal to obtain proper psychiatric treatment."
— Psychiatrist

"I am reluctant to be in the moral/ethical situation when I have someone coming to me acutely ill, in danger of dying, suffering, and having my hands tied by a PAD such that I am unable to treat their illness when it would otherwise be treatable. It contravenes my oath to do no harm to my patient because I feel my not treating would be causing harm to my patient. I worry that bringing PADs without educating the public about mental illness and its treatment is dangerous."
— Psychiatrist

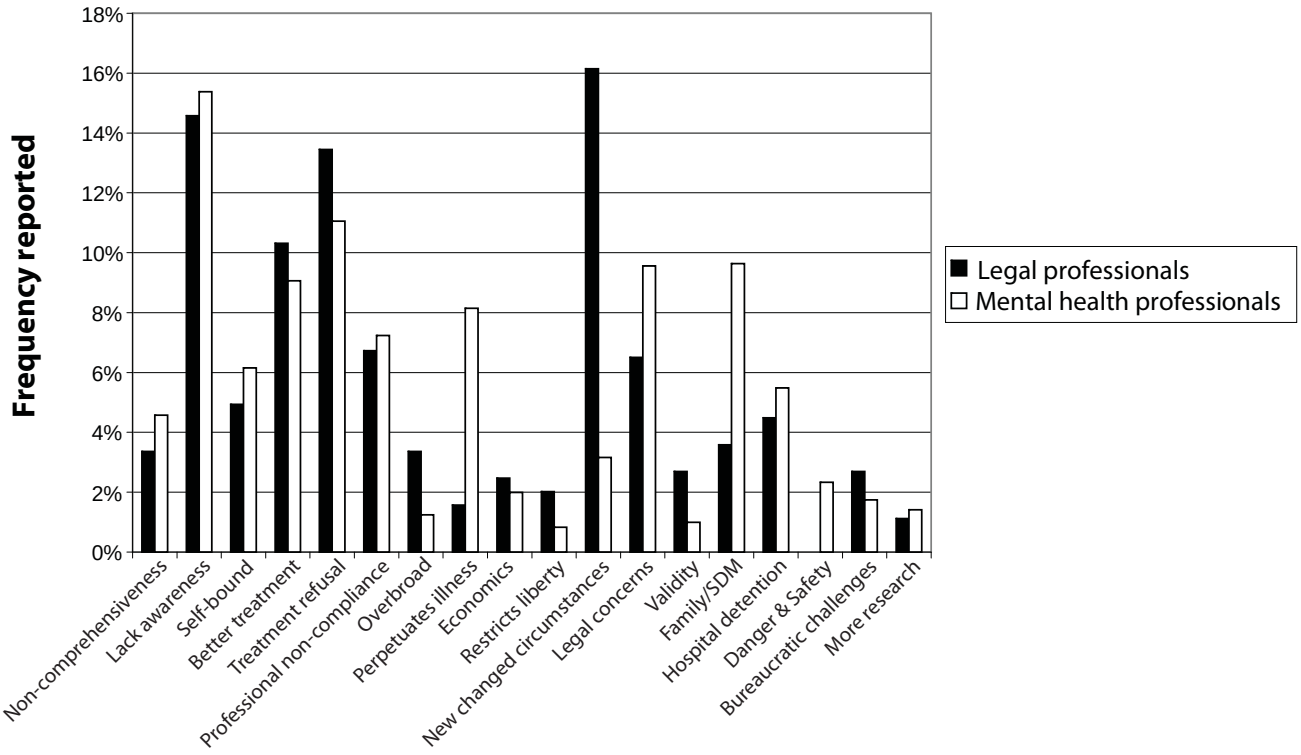
Others were concerned that better treatment may become available and incompetent individual may not fully understand its potential benefit:

"The disadvantage is that it may not cover every circumstance that may arise, and therefore be unclear in some

Graph 2. Advantages of PADs by profession



Graph 3. Disadvantages of PADs by profession



situations. I do not believe that mental health professionals should be permitted to disregard instructions in a PAD if evidence reveals better treatment exists."

— Rights advisor

"They may interfere with required or unforeseen treatment."

— Psychologist

"…Inability to foresee new treatment (medications), not yet developed, which might arise in the future and for which consent has not been obtained."

— Consent and Capacity Board member

Another reported disadvantage of PADs as a Ulysses contract, an advance directive allowing an individual to authorize prior requests regarding treatment, is that its self-binding nature freezes earlier wishes:

"Persons who have an ongoing medical problem can, while well, direct that they not receive any medication when they are ill and that can have significant lasting effects. To the contrary, they could implement a Ulysses clause, while they are well, which would preclude them from taking any action to prevent a doctor from treating them while ill."

— Lawyer

"…The disadvantage is that an opinion of the subject could have changed but remains 'frozen in time' as it were which could have its own detriment to the subject's well being or wishes."

— Psychiatrist

"…Disadvantage is the potential for locking in a no-treatment directive when circumstances and treatment have evolved."—Psychiatrist

Professionals saw PADs as possibly creating legal issues, but some believed that current mental health legislation is adequate to deal with such issues:

"Existing legislation seems adequate enough. Keep it simple." — Psychiatrist and Consent and Capacity Board Member

"…prior capable wishes already are a part of the legislative framework guiding the decisions of substitute decision makers. PADs are in my opinion more likely to do harm than good and are largely unnecessary." — Psychiatrist

"I want to know more about them and see what the legal ramifications are before I commit." — Psychiatrist

"…Wary due to concerns of legal liability from not treating." — Psychiatrist

"PADs is to lawyers as hay is to farm animals." — Psychiatrist

The top five disadvantages of PADs, as reported by legal professionals, were new/changed circumstances, lack of awareness, treatment refusal, better treatment, legal concerns, and professional non-compliance (see Graph 3). Mental health professionals reported the top five disadvantages as lack of awareness, treatment

refusal, legal concerns, family/substitute decision-maker and better treatment.

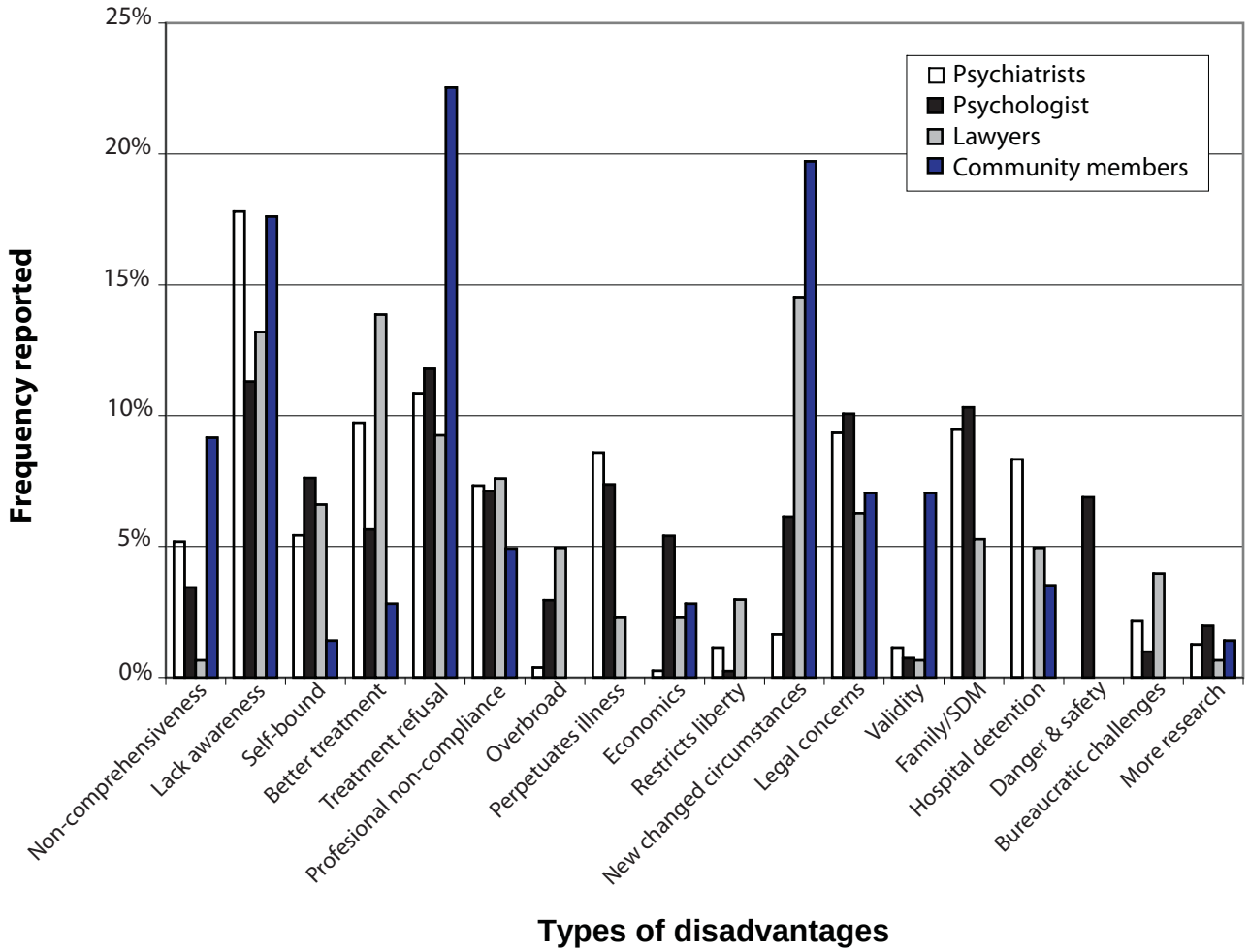
Among disadvantages of PADs, psychiatrists saw lack of awareness, ability to refuse treatment, and the possibility for better treatment as barriers as most significant (see Graph 4). Psychologists, on the other hand, reported that treatment refusal, lack of awareness, and legal concerns were primary disadvantages. Lawyers believed that PADs may create concerns regarding new and changed circumstances, potential for better treatment, and the lack of awareness. Community members saw treatment refusal, new and changed circumstances, and lack of awareness as primary disadvantages.

When asked about willingness to begin using PADs within professional practice, it was found that approximately 40% of legal professionals leaned toward their application, 32% did not, and 29% were neutral. Mental health professionals were slightly more favorable to implementing PADs than legal professionals, with 47% towards yes, 25% towards no, and 28% were neutral. Approximately 50% of psychiatrists indicated their willingness to using PADs compared to 40% of psychologists, 40% of lawyers, and 39% of community members. At the same time, 39% of lawyers and 36% of psychiatrists were definitive in their views not to implement PADs, compared to 10% of psychologists and 14% of community members. Psychologists and community members were more likely to be neutral with respect to implementing PADs compared to psychiatrists and lawyers. Whether comparing professionals (legal or mental health) or jurisdiction (Ontario and Québec), willingness to implement PADs was around 44-45%.

Discussion

Results based on the responses of 193 participants from Quebec and Ontario suggest that less than half of legal and mental health professionals are willing to start using PADs. When asked about their willingness to use PADs, the intention was to determine whether professionals would promote the documents. As a matter of mandatory compliance with law mental health professionals may be bound to honor them. The issue of whether they can be overridden would need to be decided by a Canadian court of law. However, the fact that 50% of professionals are not yet willing to use them indicates some reservations about promoting them; it does not tell us whether they would override them.

Graph 4. Disadvantages of PADs by profession



Understanding legal and mental health professionals' values towards issues such as treatment refusal and ethical choices is an important preliminary step in better understanding whether PADs may be accepted. Professionals from different perceptions hold different values with respect to using PADs, as evidenced by psychiatrists and lawyers more definitive responses in their willingness to use PADs than psychologists and community members.

Legal professionals see PADs' ability to capture an individual's clear wishes and offer a potentially valuable collaborative relationship between patient and physician than do mental health professionals. Mental health professionals may not have sufficient knowledge about how PADs can operate to foster a collaborative treatment alliance; whereas legal professionals see the patient-physician relationship more from a litigiousness outlook.

Mental health professionals were more perceptive to how PADs may offer potential medical benefits to patients than legal professionals. It is not surprising that mental health professionals were concerned primarily with how PADs may perpetuate illness, whereas legal professionals focused on the possibility of changing circumstances. These different values suggest legal and mental health professionals prioritize advantages and disadvantages of PADs along legal or clinical lines. This provides some support for the finding that the ethics of law emphasizes different values such as autonomy and liberty, while medical ethics focuses on good medical outcomes (Sarkar, 2005). Support for this view is found in lawyers' focus on PADs as a tool to increase predictability in future decision-making, an expected finding given lawyers' tendency to associate certainty and predictability with contract formation. In one sense, PADs are analogous to a contract relationship. Mental health professionals appear to seek greater flexibility and medical discretion to justify overriding a PAD. In order for PADs to be realized it is important they not become overly legalistic. At the same time legal issues cannot be ignored.

This study has significance for policy-makers who draft mental health legislation. PADs may eventually be shown to increase individual's autonomy and improve the physician-patient treatment relationship. Although there is some reluctance to implement PADs while in its early phases, with greater education these perceived disadvantages are not insurmountable. These findings offer an ethical perspective that focuses on understanding professional values.

The Kirby Report, *Out of the Shadows at Last* (2004), recommended making forms and information kits available to mental health patients explaining how to complete advance directives, while at the same time making community-based legal services available to assist in the documentation process. In Canada, where provinces have disparate mental health legislation, it is important to ensure that research findings of what being 'clinically capable' and 'legally competent' to make a prior competent wish signifies are uniformly conveyed in legislation. Respect for patients' prior competent wishes and autonomous choices will depend on understanding the viewpoints of different stakeholders. It is recommended that public education campaigns educating and empowering mentally ill individuals and their families about the importance of collaboration with mental health professionals be emphasized. Using a values history to complete PADs can be done by learning about the patients' views towards personal relationships, independence, religious beliefs, and mental illness (Peters & Chiverton, 2003). Operational definitions of values, among others, include determining what is important in life to someone, ranking and prioritizing goals and benefits, and ensuring that processes of assigning values is equitable (Petrova et al., 2006). A values-based approach to implementing PADs, in the face of conflicting ethical views, may offer the most sensitive means of showing mutual respect for different professionals' involvement while assisting mentally ill individuals to regain autonomy.

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PSYCHIATRIC ADVANCE DIRECTIVE SURVEY

INSTURCTIONS: Questions are divided into five page frames dealing with clinical, ethical, legal, implementation and demographic factors. This survey can be completed in 10-15 minutes. There is also an opportunity for you to provide comments. At the end of each page frame click NEXT PAGE to reach the following page and SUBMIT when the survey is complete. You must answer each question to reach the next page frame.

DEFINITION: Psychiatric advance directives (PADs) are legal documents allowing competent individuals to declare their treatment preferences in advance of a mental health crisis, in the event they lose mental capacity to make reliable health care decisions. They are self-binding legal documents allowing patients to be actively involved in their treatment, but at the same time may present ethical problems such as the right to refuse medical treatment and the extent to which prior competent wishes are respected. A PAD is most often used when the person who created the document experiences acute episodes of psychiatric illness and becomes unable to make or communicate decisions about treatment.

1. In your view, what are the advantages and/or disadvantages of implementing PADs?

I. Clinical Factors

Please respond to the following questions:
1= not at all, 4= extremely

2. Are you familiar with PADs? 1----2----3----4

3. Should individuals with severe mental illness be permitted the right to refuse medical treatment? 1----2----3----4

4. Are you concerned with the effects of leaving someone with mental illness untreated? 1----2----3----4

5. How important is it to have a mental health professional present when a PAD is documented? 1----2----3----4

6. Can PADs have a therapeutic value for individuals with serious mental illness? 1----2----3----4

7. How much do PADs undermine the clinical judgment of mental health professionals? 1----2----3----4

8. How much should mental health professionals be permitted to disregard instructions in PADs if evidence reveals better treatment exists? 1----2----3----4

9. In your opinion, how much do legislative policies affect clinical outcomes of individuals with serious mental illness? 1----2----3----4

10. How important are the following criteria to mental health professionals in assessing the clinical capacity of someone with severe mental illness?
    - Understanding ability 1----2----3----4
    - Appreciating ability 1----2----3----4
    - Reasoning ability 1----2----3----4
    - Evidencing a choice 1----2----3----4

II. Ethical Factors

11. How important are the following ethical values representing an individual's right to refuse treatment?
    - Increasing autonomy 1----2----3----4
    - Decreasing coercion 1----2----3----4
    - Increasing self-determination 1----2----3----4
    - Decreasing stigmatization 1----2----3----4

12. How knowledgeable are you of ethical issues surrounding PADs for the mentally ill? 1----2----3----4

13. How absolute should a patient's right be to decline medical treatment even if the decision is not in the patient's best interests? 1----2----3----4

14. Do you think PADs can reduce stigmatization of mental illness? 1----2----3----4

15. In your opinion, how important is it to consider someone's prior competent wishes before deciding their best interests? 1----2----3----4

16. How concerned are you that if patients refuse to follow medical advice they may be left untreated for lengthy periods of time? 1----2----3----4

17. Are you aware of past abuses against the mentally ill in your province? 1----2----3----4

III. LEGAL FACTORS

18. Compared to mental health professionals how knowledgeable are you with the law related to advance directives for incompetent persons? 1----2----3----4

19. Compared to legal professionals how knowledgeable are you with the law related to advance directives for the mentally ill? 1----2----3----4

20. How much legal weight should PADs have as enforceable documents in court? 1----2----3----4

21. Should a judge have the discretion to override a competent person's wish to refuse medical treatment? 1----2----3----4

22. Would PADs assist judges in making accurate decisions about involuntary civil commitment? 1----2----3----4

23. How much should the following individuals be the authoritative decision-maker in determining when a competent wish is valid?

- Psychiatrist 1----2----3----4
- Judge 1----2----3----4
- Psychiatric nurse 1----2----3----4
- Social Worker 1----2----3----4
- Review Board 1----2----3----4
- Family members 1----2----3----4

24. How concerned are you that if medical professionals override prior competent wishes in a patient's PAD it may lead to medical malpractice lawsuits? 1----2----3----4

25. To what degree should courts protect prior competent wishes expressed in PADs over clinical decisions made by mental health professionals? 1----2----3----4

26. In your opinion, how familiar are you with mental health legislation and the legal standard of competency in your province? 1----2----3----4

27. How important are the following criteria to legal professionals in assessing legal competence of someone with severe mental illness?

- Understanding ability 1----2----3----4
- Appreciating ability 1----2----3----4
- Reasoning ability 1----2----3----4
- Evidencing a choice 1----2----3----4

IV Implementation Factors

28. How knowledgeable are you with the process of documenting advance directives generally? 1----2----3----4

29. Should family members be involved in assisting competent individuals who may develop a mental illness in completing PADs? 1----2----3----4

30. Do PADs merit further research? 1----2----3----4

31. How willing are you to start using PADs in your practice? 1----2----3----4

V. Demographics & Profgessional Experience

Please complete the following information pertaining to your profession:

32. Age ☐ 20-30 ☐ 31-40 ☐ 41-50 ☐ 51-60 ☐ 61-70 ☐ > 71

33. Gender: ☐ Male ☐ Female

34. Ethnic background
☐ Caucasian ☐ European
☐ African-American ☐ Asian
☐ American Indian ☐ South American
☐ Other

35. Which professional body do you belong to?
☐ Judge- Superior Court
☐ Judge- Other
☐ Lawyer/Attorney- Medical/health care law
☐ Lawyer/ Attorney- Other
☐ Psychiatrist- Hospital
☐ Psychiatrist- Private practice
☐ Psychiatric nurse- Hospital
☐ Psychiatric nurse- Private practice
☐ Psychologist- Hospital
☐ Psychologist- Private practice
☐ Social worker- Hospital
☐ Social worker- Private practice
☐ Other
If other (please specify):_____

36. Are you an administrative tribunal judge? (i.e. TAQ, Consent & Capacity)
    ☐ Yes- Le Tribunal Administratif du Québec
    ☐ Yes- Consent & Capacity Board (Ontario)
    ☐ Other
    ☐ No

37. Where are you licensed to practice your profession? You may check more than one.
    ☐ Ontario
    ☐ Quebec
    ☐ Another Canadian province
    ☐ United States
    ☐ Europe
    ☐ Other

38. How long have you been a practicing member of your professional group?
    ☐ < 1 year
    ☐ 2-5 years
    ☐ 6-10 years
    ☐ 11-30 years
    ☐ > 31 years

VI. Contact with Mentally Ill

39. How often do you work with individuals with severe mental illness who are not immediate family members?
    ☐ Every day
    ☐ Once or twice a week
    ☐ Once a month
    ☐ Every few months
    ☐ Almost never

40. Have you or someone in your immediate family ever been hospitalized for symptoms of severe mental illness?
    ☐ Yes ☐ No

VII. Comments and Suggestions

41. Why are you willing or reluctant to implement PADs?

Competing Interests: *None.*

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