Editorial comments	Responses	Location
Setting: Please name the three health authorities and include the study period.	Health Authorities added Study Period Provided	Table 1 Line 76
Design: a) What methodological orientation was stated to underpin the study? The BC Health Quality Matrix is not a methodological orientation.	This mixed-method study consisted of quantitative information from three health authorities and qualitative data from semi-structured interviews with patients, support persons, assessors, MAiD coordinators and administrators who were involved with the use of TM for MAiD eligibility assessments in BC. Quantitative data were analyzed using descriptive statistics and qualitative data were analyzed using principles of a phenomenology theoretical framework.	Line 42
b) How were participants selected? Who are the "relevant contacts of a medical clinic providing MAiD services in Vancouver, BC"?	Information added	Line 48
Sources of data: a) Interview guide(s) should be appended.	Interview guides were added	Appendix A
b) Please clarify the authors' experience and training in qualitative research.	SD and MK were in Master's degree programs and had studied qualitative research. EW is an experienced researcher and had published many qualitative research reports.	Line 67
Analysis: a) Define Dedoose	Definition added	Line 60
b) Was data saturation reached?	Yes, for some aspects in some groups, for example, access in all groups and acceptability for support persons	
Please move ethics statement to the end of the methods section	Statement moved	Line 69

Results: Results should be reported qualitatively. Avoid the use of quantitative terms such as unanimously, all, most, etc.	These terms were removed from the results section.	
Tables 1 and 2 could be moved to an Appendix.	Table 1 was moved to Appendix B.	
Please combine Tables 3-5 into one Table of participant characteristics.	Combined	
Please move quotes to boxes. See examples of previously published qualitative studies at CMAJOpen.ca	We removed all the long quotes and placed them in one quote box, by dimension and left shorter quotes in the main paper to improve readability.	

Comments Reviewer 1	**Responses**	**Location**
Info about the interviewer background, training and experience in conducting qualitative research	We added: SD and MK were Master's candidates during the study and EW is an experienced qualitative researcher.	Line 67
Info about the developer on the interview guide and why it was not validated	*Two researchers from the field reviewed the interview guide and provided feedback to ensure content validity.* Interview guide was not validated because an iterative process was used. Also in limitations: *The interview guide developed for this study had not been validated with a wide sample of respondents*.	Line 192
Some of the quality dimensions are not clearly described (Equity, Safety)	Content added to increase clarity.	Line 131 and 156
Please provide description of coding process. Were there diverse cases or discussion of minor themes?	Description added	Line 61-69
Please provide the questionnaire and average time for interviews that might	Average time for interviews added.	Interview guide in

vary from participant to participant		Appendix A. Line 76 for average time
It is not clear how participants were selected.	Information added	Line 48

Comments Reviewer 2	**Responses**	**Location**
More explanation of the study sample is needed to be able to ascertain the possibility of selection bias. If column 2 of Table 2 reports the number of TM assessments for MAiD in BC, then it appears as though there were a total of 105 assessments as of April 2019.	Added: *The limitations of this study include a small sample that was obtained with contacts from a single clinic; this increases the likelihood of a selection bias.* The providers that we chose had experience and had done almost half of the TM assessments for the province.	Line 192
Line 28 of the paper says study participants were "relevant contacts of a medical clinical". "Relevant" is not explained. One patient and seven support persons were study subjects. Why were the other 90+ not relevant?	Information added to increase clarity	Line 48
Eight assessors were study subjects. From Table 4, it appears that they provided MAiD TM assessment to approximately 50 patients. Why were the assessors for the other half or more of the MAiD TM cases not included?	Invitation to participate was sent to several assessors and providers. Some of them did not follow-up. We wanted to interview key informants.	
Furthermore, to what extent do the 21 study participants represent the same or different MAiD cases? Did	Due to confidentiality and privacy concerns, we do not know if any of the cases overlapped.	

they only represent eight cases?		
Beyond this, the study does not provide any information on the persons for whom TM was not provided beyond numbers reported in Table 2.	We have added this fact.	Line 199
Table 6, columns 2-4 appear to be responses by the study subjects on their level of prior experience with computers, the internet and TM, and column 6 on satisfaction with TM. Are these Likert scales? If so, what is high and low? "Telehealth" is a response in Table 7 but not explained.	Interview guide was added in Appendix A to increase clarity. Information on Likert Scale was added in table's foot note. Telehealth definition also added in table's foot note.	Appendix A + Tables
Line 177 uses the term "Virtual Health model" but this is not explained further in the context of recommendations from the study findings.	Added: a patient-centered Virtual Health model of service for the MAiD program in BC, *with standard processes for access, consent and secure online platform*	Line 204
Tables 6 and 7 are not as yet adequately discussed or integrated into the body of the paper. Furthermore, it is challenging to gain an understanding across the tables and text.	Added*: Participants came from urban or rural areas of BC (one was out of province). The support persons and the one patient had limited experience with TM, while the assessors were somewhat experienced with TM. A variety of device and software were used for the consultations, and they were conducted at home or through telehealth.*	Line 81-86
For example, Table 6 indicates that Assessor A is very negative about TM for MAiD (and only one assessor gives a top rating).	Added: *Overall, participants expressed satisfaction with this TM; satisfaction was higher for support persons/patients and administrators than for assessors, showing opinion differences by type of interviewees.*	Line 81-86
Table 4 indicates that this Assessor A has been involved in five MAiD TMs, but there are no quotes in text from this assessor who seems to be an	Added: *One interviewee thought that the rapport with an individual patient was 'very poor' and that he 'could not really connect with the patient and family' (Assessor A).*	Line 101

outlier from the other study subjects.		
Note also that Table 4 has two different Assessor Es.	This was corrected	
Lines 23 and 24 say that all interviews were conducted by SD who was a Master's student. Lines 40-41 indicate that SD carried out the inductive coding alone.	Interviews were conducted by a Master's student under supervision from an experienced physician from the field. Abductive coding was not carried out by the student alone, as described here: *Three researchers, including the interviewer, were involved in multiple meetings to discuss coding and to reach consensus on identified themes, including minor themes.*	Line 66
Lines 35 and 36 say that the interview questions "evolved with time and new perspectives and the interview guide was modified accordingly". Item 20 of the COREQ checklist says that no field notes were taken.	Interviews were recorded and transcribed, as described here: *The interviews were audio recorded and transcribed, removing any identifying features.*	Line 47
COREQ item 22 indicates that data saturation was not considered. Thus, without greater understanding of the research process and/or additional validation processes, depth of insight and methodological rigour are of concern.	There was saturation for the physicians, support people and administrators about some of the seven dimensions of the BC Health Quality Matrix and this is all that could be expected.	

Comments Reviewer 3	Responses	Location
Comment line 1 Need to define MAiD	Definition added	Line 27
Line 5: page #?	We do not understand this comment	
Comment line 11	Paragraph added. Additional info about need for this study already provided in previous paragraph: *In rural areas, access to MAiD is inadequate (2-4); even in larger cities, access to a MAiD assessor can be difficult if a request is time-sensitive. To qualify for MAiD, patients must be "in an advanced state of decline in capacity" and*	Line 30

	their "natural death has become reasonably foreseeable"; they are rarely in a condition to travel for health care.	
Comment line 19	Added mixed-method	Line 42
Comment line 31	Added: *and used by the BC Ministry of Health in Setting Priorities for the BC Health System (10).*	Line 54
Comment line 35	Added for clarity: The interview guide (Appendix A) included closed and open-ended questions and was developed by using the BC Health Quality Matrix (11).	Line 52
Comment line 35	Modified to *semi-structured*	Line 43
Comment line 37-39-40-41	Quantitative data were analyzed using descriptive statistics and qualitative data were processed using principles of a phenomenology theoretical framework (12). Qualitative data were categorized using the seven dimensions of the BC Health Quality Matrix (13), and then analyzed with abductive coding.	Line 61
Comment line 55	Removed details from participants descriptions. Added information about how participants were reached, and health authority were identified	Line 77 Line 48 Table 1
Comment line 57	Other reviewers did not mention this so tables were kept.	
Comment line 66	Added: assessor	
Comment line 81	Added: for their specific situation	Line 104
Comment line 86	Added: *Two assessors expressed concerns about assessing a patient with frailty via TM:* Also added in interpretation: *Several assessors noted that individuals with frailty could be difficult to assess via TM due to limited or fluctuating capacity, an important finding given notable proportion of frailty in patients requesting MAiD (7).*	Line 109, Line 175
Comment line 91	Participants was used in text. Other terms were removed.	
Comment line 150	One quote was added	Line 158
Comment line 166	Section was worked on	Line 162

Comment line 170 and 172	Modified to: *The limitations of this study include a small sample that was obtained with contacts from a single clinic; this increases the likelihood of a selection bias. Participants came from various rural or urban areas of BC, contributing to increased external validity.*	Line 192
Comment line 175	Justification provided in following paragraph: *Future research should include the First Nations Health Authority, given the remote or rural nature of some First Nations communities.*	Line 213
Comment line 176	As demonstrated in Table 1.	Table 1
Comment line 183	Modified	Line 210
Comment line 187	Section was modified accordingly	Line 203-214