

## Supplementary File 2: MAID scoping review data items

<b>Report characteristics</b>	<b>Description</b>
Type of study	Technical report, practice survey, clinical practice guideline, observational study, clinical trial, other (describe)
Journal / Publication location	
Author, year	Profession and/or specialization
Origin of report	Jurisdiction of report (eg. country, state)
Organization	
Report purpose	Stated or inferred
Report audience	Stated or inferred
<b>MAID provision: medications</b>	<b>Description</b>
Pharmaceuticals used – IV protocol	Each pharmaceutical name, dose, route, frequency, speed of administration, stated or inferred purpose of each medication (eg. anxiolytic, sedation, pain control, antiemetic, paralytic) and frequency of use (optional vs obligatory); alternative medications in case of allergy
Pharmaceuticals used – Oral protocol	As above
Other equipment used	If relevant
Safety checks and documentation	eg. use of a checklist; confirmation of consent; backup medications available, etc.
<b>MAID provision: location</b>	<b>Description</b>
Location of MAID provision	Home, hospital, hospice, other, nursing home, self administration or voluntary euthanasia
<b>MAID provision: participants</b>	<b>Description</b>
Role of healthcare providers	Profession, training/expertise, role in assisted dying
Role of families	Training/preparation; follow up care; bereavement care

