

Supplementary Table 1: Attitude towards End of Life

Questions regarding EoL	Physicians (n=149)	Nurses (n=320)	p values ^a
Do you believe your ICU is committed to high ethical standards, in a way that does or does not involve the nursing staff?			0.001
yes	112 (75.7%)	180 (57.1%)	
no	21 (14.2%)	82 (26.0%)	
no opinion	15 (10.1%)	53 (16.8%)	
If YES, does this commitment involve the nursing staff?			0.156
yes	89 (80.2%)	134 (74.9%)	
no	18 (16.2%)	38 (21.2%)	
no opinion	4 (3.6%)	7 (3.9%)	
Do you have personal experience with treatment limitation in a patient? (Check a single answer)			<0.001
as part of your nonprofessional experience	2 (1.4%)	11 (3.5%)	
directly as part of your professional activity	113 (78.5%)	186 (58.5%)	

indirectly as part of your professional activity	27 (18.8%)	82 (25.8%)
none	2 (1.4%)	39 (12.3%)
A priori, do you feel that DISCUSSION about treatment limitation: (You can check more than one answer)		NA ^b
is indispensable	113 (76.9%)	196 (61.3%)
is useful	91 (61.9%)	165 (51.6%)
is useless	0 (0%)	1 (0.3%)
is dangerous	3 (2.0%)	6 (1.9%)
is criminal	0 (0%)	1 (0.3%)
is incompatible with your conception of care	2 (1.4%)	17 (5.3%)
occurs too often	38 (26.0%)	47 (14.7%)
does not occur often enough	35 (23.8%)	74 (23.1%)
there is no such discussion in your ICU	2 (1.4%)	24 (7.5%)
no opinion	1 (0.7%)	15 (4.7%)
A priori, do you feel that a DECISION to limit treatment: (You can check more than one answer)		NA

is indispensable	124 (84.9%)	208 (65.0%)
is useful	71 (48.6%)	119 (37.2%)
is useless	1 (0.7%)	2 (0.6%)
is dangerous	1 (0.7%)	10 (3.1%)
is criminal	0 (0%)	4 (1.3%)
is illegal	1 (0.7%)	10 (3.1%)
is incompatible with your conception of care	1 (0.7%)	19 (5.9%)
Occurs too often	14 (9.6%)	26 (8.1%)
does not occur often enough	6 (4.1%)	16 (5.0%)
No opinion	3 (2.1%)	25 (7.8%)

USUALLY, in your ICU, decisions to limit treatment ARE taken: (Check a single answer)

0.001

collaboratively by the nursing staff and physicians	28 (18.8%)	23 (7.2%)
by a single physician without the nursing staff	3 (2.0%)	18 (5.6%)
by all the physicians as a group without the nursing staff	113 (75.8%)	257 (80.3%)
no opinion because no personal experience	2 (1.3%)	14 (4.4%)

unwilling to answer	3 (2.0%)	8 (2.5%)	
However, you feel that IDEALLY decisions to limit treatment SHOULD BE taken: (Check a single answer)			0.009
collaboratively by the nursing staff and physicians	96 (64.4%)	176 (55.5%)	
by a single physician without the nursing staff	0 (0%)	8 (2.5%)	
by all the physicians as a group without the nursing staff	50 (33.6%)	111 (35.0%)	
no opinion	2 (1.3%)	22 (6.9%)	
When a decision to limit treatment is made, do you feel that withholding tracheal intubation :			0.037
is completely out of the question, on principle	11 (7.4%)	30 (9.5%)	
can be considered but is deeply disturbing	6 (4.0%)	8 (2.5%)	
can be considered if the patient will not benefit from intubation	112 (75.2%)	214 (67.5%)	
I am never safe with this decision	19 (12.8%)	43 (13.6%)	
Unwilling to answer	1 (0.7%)	22 (6.9%)	
When a decision to limit treatment is made, do you feel that extubation :			0.004
is completely out of the question, on principle	33 (22.3%)	58 (18.2%)	

is completely out of the question because the patient will probably die rapidly	9 (6.1%)	35 (11.0%)	
is completely out of the question because the patient will probably suffer	31 (20.9%)	68 (21.3%)	
can be considered but is always deeply disturbing	14 (9.5%)	19 (6.0%)	
can be considered because intubation prolongs the dying process unnecessarily	42 (28.4%)	74 (23.2%)	
I am never safe with this decision	18 (12.2%)	33 (10.3%)	
Unwilling to answer	1 (0.7%)	32 (10.0%)	
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When treatment limitation is being considered, do you feel there is a difference between decreasing the FiO₂ and extubating?			0.055
Yes	113 (75.8%)	229 (71.6%)	
No	31 (20.8%)	60 (18.8%)	
Unwilling to answer	5 (3.4%)	31 (9.7%)	
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If you feel there is a difference, is the main reason is that:			0.052
Extubation adds to the patient's suffering	33 (30.6%)	55 (24.7%)	
Extubation carries too great a risk of rapid death	25 (23.1%)	79 (35.4%)	
The patient experiences faster relief after extubation	4 (3.7%)	17 (7.6%)	

The situation is clearer with extubation	16 (14.8%)	19 (8.5%)	
The philosophical approach is completely different	30 (27.8%)	53 (23.8%)	
Regarding artificial ventilation , do you feel that withdrawal represents a different approach from withdrawing other treatments (breath=life)?			0.017
Yes	76 (51.4%)	198 (63.5%)	
No	66 (44.6%)	94 (30.1%)	
Do not have an opinion	5 (3.4%)	19 (6.1%)	
Regarding inotropic medications (adrenaline, noradrenaline, dobutamine, ...), do you feel that withholding or withdrawal:			0.005
is completely out of the question, on principle	3 (2.0%)	11 (3.4%)	
is completely out of the question because the patient will probably die rapidly	2 (1.3%)	13 (4.1%)	
is completely out of the question because the patient will probably suffer	0 (0%)	1 (0.3%)	
can be considered but is deeply disturbing	16 (10.7%)	37 (11.6%)	
can be considered because inotropic medications prolong the dying process unnecessarily	122 (81.9%)	209 (65.3%)	
I am never safe with this decision	4 (2.7%)	26 (8.1%)	

Unwilling to answer	2 (1.3%)	23 (7.2%)	
Regarding renal replacement therapy (dialysis, hemofiltration), do you feel that withholding or withdrawal:			<0.001
is completely out of the question, on principle	2 (1.3%)	11 (3.4%)	
is completely out of the question because the patient will probably die rapidly	1 (0.7%)	22 (6.9%)	
is completely out of the question because the patient will probably suffer	2 (1.3%)	6 (1.9%)	
can be considered but is deeply disturbing	17 (11.4%)	40 (12.5%)	
can be considered because renal replacement therapy prolongs the dying process unnecessarily	120 (80.5%)	184 (57.7%)	
I am never safe with this decision	2 (1.3%)	26 (8.2%)	
Unwilling to answer	5 (3.4%)	30 (9.4%)	
About hydration , do you feel that withholding or withdrawal:			0.012
is completely out of the question, on principle	36 (24.3%)	48 (15.1%)	
is completely out of the question because the patient will probably die rapidly	3 (2.0%)	12 (3.8%)	
is completely out of the question because the patient will probably suffer	12 (8.1%)	21 (6.6%)	
can be considered but is deeply disturbing	20 (13.5%)	49 (15.5%)	

can be considered because hydration prolongs the dying process unnecessarily	61 (41.2%)	111 (35.0%)	
I am never safe with this decision	7 (4.7%)	28 (8.8%)	
Unwilling to answer	9 (6.1%)	48 (15.1%)	
Do you feel that sedation should be increased (comfort, analgesia) when a decision to withdraw or withhold treatment is taken?			<0.001
Yes	146 (98.0%)	271 (85.0%)	
No	2 (1.3%)	26 (8.2%)	
Do not have an opinion	1 (0.7%)	22 (6.9%)	
Although this is not the objective, increasing sedation can hasten death. Do you feel that this risk is a limitation to increasing sedation?			<0.001
Yes	14 (9.5%)	66 (20.8%)	
No	133 (90.5%)	206 (65.0%)	
Do not have an opinion	0 (0%)	45 (14.2%)	
When sedation is increased in the setting of a treatment limitation decision, can you be the person who implements the prescription?			<0.001
Yes	130 (89.0%)	216 (67.5%)	

No	10 (6.8%)	70 (21.9%)	
Do not have an opinion	6 (4.1%)	34 (10.6%)	
<hr/> Would you be favorable to the use of neuromuscular blocking agents (which paralyze the muscles) when ventilation is withdrawn in a sedated patient (intubated or not intubated) who continues to have difficulty breathing (accumulated secretions, noisy breathing, fast breathing, etc...)?			p<0.001
Yes	17 (11.6%)	126 (39.6%)	
No	114 (77.6%)	119 (37.4%)	
Do not have an opinion	16 (10.9%)	73 (23.0%)	
<hr/> Regarding the controversy about euthanasia, do you feel the term “passive euthanasia” is appropriate for designating treatment limitation decisions in the specific setting of the ICU?			<0.001
Yes, the term is appropriate	11 (7.6%)	73 (23.3%)	
No, the appropriate term is “refusal of futile care”	104 (71.7%)	140 (44.7%)	
Do not have an opinion	23 (15.9%)	89 (28.4%)	
Unwilling to answer	7 (4.8%)	11 (3.5%)	
<hr/> Has your personal experience with dying patients influenced your approach to treatment			<0.001

limitation decisions?		
Yes	100 (67.1%)	149 (47.3%)
No	45 (30.2%)	129 (41.0%)
Unwilling to answer	4 (2.7%)	37 (11.7%)
Assuming that you have full information about the patient, do you feel that your PARTICIPATION as a caregiver in a treatment limitation decision is (Check a single answer)		<0.001
Indispensable	86 (57.7%)	97 (31.0%)
Necessary	44 (29.5%)	41 (13.1%)
Mandatory	14 (9.4%)	39 (12.5%)
Useless	4 (2.7%)	86 (27.5%)
Illegal	1 (0.7%)	50 (16%)

^a Statistical comparison between groups was performed with chi-square test

^b NA: Not applicable