

**Supplementary Table 2: Participation of the nursing staff and other caregivers outside ICU  
and overall caregivers' satisfaction of the current practices**

<b>Questions</b>	<b>Physicians (n=149)</b>	<b>Nurses (n=320)</b>	<b>p values</b>
Which members of the nursing staff participate in physicians' rounds in your ICU?			
The head nurse:			NA
usually	76 (51.0%)	NA	
rarely	38 (25.5%)	NA	
never	35 (23.5%)	NA	
The assistant head nurse:			NA
usually	58 (39.2%)	NA	
rarely	47 (31.8%)	NA	
never	43 (29.1%)	NA	
The nurse:			NA
usually	78 (53.1%)	NA	
rarely	41 (27.9%)	NA	

never	28 (19.0%)	NA	
The nurse assistant:			NA
usually	31 (22.1%)	NA	
rarely	40 (28.6%)	NA	
never	69 (49.3%)	NA	

In your opinion, does optimal operation of your ICU require regular participation in physicians' rounds of:

The head nurse:			NA
absolutely	105 (70.5%)	NA	
possibly	34 (22.8%)	NA	
no	8 (5.4%)	NA	
no opinion	2 (1.3%)	NA	
The assistant head nurse:			NA
absolutely	62 (42.5%)	NA	
possibly	59 (40.4%)	NA	

no	18 (12.3%)	NA	
no opinion	7 (4.8%)	NA	
The nurse:			NA
absolutely	116 (78.9%)	NA	
possibly	27 (18.4%)	NA	
no	3 (2.0%)	NA	
no opinion	1 (0.7%)	NA	
The nurse assistant:			NA
absolutely	33 (23.4%)	NA	
possibly	60 (42.6%)	NA	
no	41 (29.1%)	NA	
no opinion	7 (5.0%)	NA	

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Do you believe that doctors provide the nursing staff with information on the course of their patients on a daily basis? **<0.001**

always	28 (18.8%)	32 (10.0%)
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usually	90 (60.4%)	117 (36.6%)	
sometimes	26 (17.4%)	106 (33.1%)	
Rarely	5 (3.4%)	56 (17.5%)	
Never	0 (0%)	9 (2.8%)	
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Do you believe that doctors take into account the opinion of the nursing staff on the course of their patients?			<b>&lt;0.001</b>
always	39 (26.4%)	14 (4.4%)	
usually	64 (43.2%)	63 (19.7%)	
sometimes	35 (23.6%)	111 (34.8%)	
rarely	10 (6.8%)	100 (31.3%)	
never	0 (0%)	31 (9.7%)	
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Do you consider that the desire for information on the part of the nursing staff is usually:			0.769
Considerable	78 (52.3%)	174 (54.5%)	
Inadequate	64 (43.0%)	134 (42.0%)	
Absent	7 (4.7%)	11 (3.4%)	
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If the desire for information on the part of the nursing staff is, in your opinion, inadequate, is the reason:			<b>0.005</b>
excessive nursing staff workload	37 (50.1%)	93 (69.9%)	
excessive physician workload	5 (7.6%)	3 (2.3%)	
the organization of the department	23 (34.8%)	33 (24.8%)	
other	1 (1.5%)	4 (3.0%)	
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In your opinion, is the desire for information on the part of the nursing staff usually: (Answer all the items)			
Spontaneous	121 (81.8%)	275 (87.6%)	0.095
Elicited by the head nurses	57 (39.3%)	117 (37.9%)	0.768
Elicited by the physicians	96 (66.2%)	130 (42.2%)	<b>&lt;0.001</b>
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Do you feel the information the nursing staff has about the patient during treatment limitation discussions is USUALLY sufficient: (Check a single answer)			0.141
yes	61 (41.5%)	129 (40.4%)	
no	76 (51.7%)	149 (46.7%)	
no opinion	10 (6.8%)	41 (12.9%)	

Do doctors give the nursing staff's members the opportunity to state their opinion about patients (ICU rounds or informal discussions)?			<b>&lt;0.001</b>
yes	121 (81.8%)	162 (51.6%)	
no	26 (17.6%)	134 (42.7%)	
no opinion	1 (0.7%)	18 (5.7%)	
You feel that the amount of information the nursing staff REQUEST is USUALLY: (Check a single answer)			<b>&lt;0.001</b>
large	47 (31.5%)	150 (47.0%)	
moderate	84 (56.4%)	167 (52.4%)	
small	18 (12.1%)	2 (0.6%)	
You feel that the nursing staff requests for information are USUALLY: (Check a single answer)			NA
spontaneous	50 (30.0%)	298 (93.1%)	
encouraged by others (colleagues and others)	11 (7.5%)	18 (5.6%)	
does not exist	5 (3.4%)	4 (1.3%)	
upon his/her character	81 (55.1%)	0 (0%)	

Does a psychologist attend the ethical discussions in your ICU?			0.249
yes	0 (0%)	6 (1.9%)	
no	141 (95.9%)	299 (93.7%)	
no opinion	6 (4.1%)	14 (4.4%)	
Do you feel that asking professionals who are not involved in patient care to participate in the process of deciding to limit treatment would be beneficial? (Check a single answer)			0.257
yes	53 (36.1%)	113 (35.6%)	
no	88 (59.9%)	178 (56.2%)	
no opinion	6 (4.1%)	26 (8.2%)	
If yes, do you feel that the following should participate in the process of deciding to limit treatment: (tick one or more answers)			NA
one or more other physicians	28 (18.1%)	48 (43.6%)	
an ethics committee	37 (23.9%)	40 (36.7%)	
a psychologist	44 (28.4%)	74 (68.5%)	
Do you feel that regular participation of professionals not involved in patient care in processes other than deciding to limit treatment would be beneficial? (Check a single			0.569

answer)			
yes	55 (37.2%)	81 (25.7%)	
no	75 (50.7%)	188 (59.7%)	
no opinion	18 (12.2%)	46 (14.6%)	
AFTER a decision to limit treatment: (Answer both questions)			
You feel isolated	5 (3.4%)	36 (11.4%)	<b>0.004</b>
You have the opportunity to talk about what happened	134 (91.8%)	213 (67.0%)	<b>&lt;0.001</b>
If you have the opportunity to talk about what happened, this arises as part of: (Check a single answer)			<b>&lt;0.001</b>
Spontaneous discussions	72 (49.0%)	271 (88.3%)	
Discussions that are organized in the ICU	75 (51.0%)	36 (11.7%)	
Furthermore, apart from treatment limitation discussions, does your ICU have discussion groups?			0.162
yes	54 (37.5%)	91 (28.6%)	
no	66 (45.8%)	165 (51.9%)	
no opinion	24 (16.7%)	62 (19.5%)	



Do you feel that discussion about ethics in your ICU should be given more attention or should be approached in a different way? (Check a single answer)			<b>0.047</b>
no change	28 (19.0%)	32 (10.1%)	
more attention	66 (44.9%)	149 (47.2%)	
different	44 (29.9%)	105 (33.2%)	
no opinion	9 (6.1%)	30 (9.5%)	
Do you feel that regular participation of professionals not involved in patient care in processes other than deciding to limit treatment would be beneficial? (Check a single answer)			0.569
yes	55 (37.2%)	81 (25.7%)	
no	75 (50.7%)	188 (59.7%)	
no opinion	18 (12.2%)	46 (14.6%)	
As a conclusion, are you satisfied with the life-sustaining treatments procedures currently used in your ICU? (Check a single answer)			<b>&lt;0.001</b>
yes	79 (53.4%)	109 (34.6%)	
no	63 (42.6%)	148 (47.0%)	

no opinion

6 (4.1%)

58 (18.4%)

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