

## Supplementary Item S1: interview guide

### Section 1: Basic demographics

- Please tell me a little about yourself:
  - Specialty/current rotation
  - Years of practice
- We are going to be talking about Advance Care Planning (ACP); have you ever used an advance care plan to guide the treatment you have delivered to a patient? Does ACP work for you?

### Section 2: Vignettes

- OK, so what I want to do now is provide you with a case scenario, and what I would like is how you would intend to treat the patient. I will then add a little more information and see if and how that might alter your treatment plan.

**Scenario 1:** Mr X is a 73-year-old man with advanced chronic obstructive pulmonary disease (COPD). Over the last two years, he has become progressively breathless and is now breathless on even minimal exertion; he struggles with showering and dressing due to his breathing. He is on maximal therapy, including home oxygen. He has had three admissions for acute exacerbations of COPD in the past 6 months. During his last admission one month ago, he required non-invasive ventilation. This time, on arrival, he is breathless and has right heart failure. He is hypoxic and hypercapnic.

- Why would you choose this course of action?
- When examining the records, it was discovered that the patient had an Advance Care Plan, informing us that he places a high value on his independence, and does not want to become a burden to his family.
  - Would this alter your treatment plan?
  - Why would you alter/not alter the plan?
  - Would your treatment plan alter if the advance care plan actually informed us that the person was not for intubation, ICU intervention or inotropes?

*(The first scenario explores the value of a goals based advance care plan in guiding treatment with a patient that is deteriorating due to chronic illness. Probing questions would examine how treatment options would affect the patients' independence etc. Other areas to*

*examine would include the participants' views on the worth of values goals ACP and how they might go about interpreting them)*

- Let's move onto to the second scenario. Again, I would like to know your treatment plan and the reasoning behind it, and then we will add a little more information.

**Scenario 2:** A 65-year-old patient with well-controlled hypertension arrives at the emergency department, complaining of "chest pain". A full work-up for cardiac ischemia is sorted. Before the work-up can be completed, he falls into ventricular fibrillation. A code is called and upon your arrival to the bedside, the patient is apnoeic and requiring mask ventilation by the nursing staff.

- What would you do for this patient?
- Again, an advance care plan is present, which states that he values being an active and productive member of his community. He would rather be dead than miss his game of golf.
  - Would this alter your treatment plan? If so, how and why?
  - What if the advance care plan stated that he was not for resuscitation and should be "allowed to pass away in peace"? What treatments would you offer?

*(This scenario explores the interaction between the acuity of the situation and the presence of an advance care plan. It may be expected that the patient here would make a full recovery however an advance care plan may mean that the treatment is not offered. Probing questions would include areas around the legal liability of honouring or not honouring an advance care directive)*

- Now, if we can, I would like to move onto the final scenario.

**Scenario 3:** A 68-year-old patient with multiple co-morbidities – including diabetes, hypertension, end-stage renal disease (he is on dialysis) and metastatic pancreatic cancer – presents to the Emergency Department febrile, tachypnoeic and hypotensive. He is transferred to the intensive care unit (ICU), where you are covering. Upon arrival, his blood pressure falls to 40 systolic.

- What would be your treatment plan? Why?

- Let us imagine that the patient had an advance care directive stating that they value life above everything – God will take me when ready until then I must live.
  - How would this alter your treatment plan? Why?
  
- OK that was interesting but in actual fact they had an ACP that was signed 5 years ago stating that they were not for intubation or CPR.
  - Would that change your thinking and why?
  - How worried would you be about the ACP being dated 5 years ago?
  
- Let's stick with this scenario a little longer: so the patient has a blood pressure of 40, and the not for intubation or CPR ACP signed 5 years ago is in place. However, the wife of the patient is there, demanding that you do all you can to save her husband and that the ACP was not what her husband wanted anymore.
  - What action would you take and why?
  - Do legal considerations with regard to honouring the ACP or not honouring the ACP come into consideration?
  - Does the family or substitute decision maker have the right to override the ACP?

*(This scenario first examines the situation where a patient opts in for treatment by the ACP and how that may change treatment provided in the dying phase. Some literature has suggested that a barrier for enacting ACP is that it may not represent current values this explores this by adding the old ACP with no evidence of an update. Finally, the question of family conflict with an ACP is explored and the knowledge of the legalities surrounding this)*

### Section 3: Questions regarding the perceived usefulness and importance of ACP.

- That is the end of our scenarios. Finally, I would like to ask just a couple more general questions:
  - How instructive do you find knowing a little bit about what the patient values in making a medical decision for them?
  - How important would you say an ACP has in providing person-centred care?
  - How binding should an ACP be – should they be interpreted literally?

- That concludes the interview, thank you for your time. What I will do now is look over your responses, and collate them with other interviews and look for themes that are coming out. While there has been lots of research on how to generate more ACP documents, there is little known about enacting them and what we would consider valuable.
- If you would like a copy of the report once finalised, let me know and I will forward it to you. Alternatively, you can let Scott know; his contact details are on the information sheet.
- Again, thank you so much for your time.