

Appendix 2 (as supplied by the authors): Extracts from the questionnaire used for the study

This appendix presents a considerable part of the questionnaire in which we present the questions relevant for the role of nurses in the administration of life-ending drugs with the explicit intention to end the patient's life.

The involvement of nurses in end-of-life decisions

Introduction

As explained in the first questionnaire, end-of-life decisions are understood to mean the following three decisions:

Table 1. Three end-of-life decisions with a possible or certain life-shortening effect

Decision 1:	Withholding or withdrawing a potential life-prolonging treatment (including artificial food and/or fluid)
Decision 2:	The intensification of the medication for pain and/or symptom alleviation with a possible life-shortening effect
Decision 3:	The administering of life-ending drugs with the explicit intention of ending the patient's life

We ask you to recall the most recent patient you cared for whose treatment involved at least one of the three end-of-life decisions presented in table 1. In keeping this patient in mind, we ask you to answer all the following questions about this patient.

Information about this patient

1	What is this patient's gender?	<input type="checkbox"/> Male <input type="checkbox"/> Female
2	What was the age of this patient at the time of death?	_____ years
3	What was the main diagnosis (max. one) of cause of death of this patient?	<input type="checkbox"/> Cancer: _____ <input type="checkbox"/> Cardiovascular disease: _____ <input type="checkbox"/> Respiratory disease: _____ <input type="checkbox"/> Nervous system disease: _____ <input type="checkbox"/> Dementia <input type="checkbox"/> Old age / Complete deterioration <input type="checkbox"/> Other: _____
4	Did this patient, during the last month before death, suffer from other disorders, illnesses or disabilities?	<input type="checkbox"/> Yes: _____ <input type="checkbox"/> No <input type="checkbox"/> Don't know
5	What was the place of death of this patient?	<input type="checkbox"/> At home or living with family <input type="checkbox"/> Care home: home for elderly or nursing home <input type="checkbox"/> Hospital (exc. Palliative care unit or nursing home unit in hospital) <input type="checkbox"/> Palliative care unit (hospital) <input type="checkbox"/> Somewhere else: _____
6	Did this patient, during the last month before death, stay somewhere other than at the place of death?	<input type="checkbox"/> Yes: _____ <input type="checkbox"/> No <input type="checkbox"/> Don't know
7	Which specialist palliative care initiatives were brought into action for this patient? - More than one answer can be given -	<input type="checkbox"/> None → go to question 8 <input type="checkbox"/> Palliative home care team <input type="checkbox"/> Mobile palliative support team in a care home <input type="checkbox"/> Mobile palliative support team in a hospital <input type="checkbox"/> Palliative care unit (hospital) <input type="checkbox"/> Reference persons for palliative care in a care home <input type="checkbox"/> Reference persons for palliative care in home care <input type="checkbox"/> Other: _____
Are you working in one of the above marked specialist palliative care initiatives?		<input type="checkbox"/> Yes <input type="checkbox"/> No

End-of-life decisions taken with this patient

In the table (on page 1) we presented three possible life-shortening end-of-life decisions. In the following three questions we ask you whether the decision was taken for this patient.

- 8 Were potential life-prolonging treatments withheld or withdrawn (including artificial food or fluid) for this patient? Yes No
- 9 Was the medication for pain and/or symptom management intensified with a possible life-shortening effect for this patient? Yes No
- 10 Was the death of this patient the result of the administering of life-ending drugs with the explicit intention to end the patient's life? Yes → go to the following question (10.1) No → go to question 11

Please answer the following questions based on this last decision (question 10)

- 10.1 Was this decision taken at the explicit request of the patient? Yes No
- 10.2 Were you present during the administering of the drugs preceding the death of the patient? Yes No → go to question 10.4
- 10.3 Which persons did you support during this administering? *– More than one answer can be given –*
- Nobody Physician
 Patient Colleague-nurse(s)
 Relatives Other: _____

10.4 As far as you know, what drugs were administered to the patient preceding the death of the patient?

INSTRUCTION:

- If you marked the drugs in column **a**, go on to column **b**.

- If you marked 'You yourself' in column **b**, go on to column **c** and **d**.

FILL THIS PART IN IF YOU MARKED 'YOU YOURSELF' IN COLUMN b:

	a – What drugs were given?	b – Who administered the drugs? <i>– More than one answer can be given –</i>						c – Did you administered the drugs on the physician's orders?		d – Was the physician present while you administered the drugs?		
		Physician	You yourself	Other nurse	Patient	Other	Don't know	Yes	No	Yes, continuously	Yes, but not continuously	No
Morphine or other opioids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barbiturates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neuromuscular relaxants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>											

- 10.5 Which one of following preparatory tasks preceding the administering of the drugs did you take on? *– More than one answer can be given –*
- Preparing the surroundings/room of the patient
 Receiving the drugs from the pharmacist
 Preparation and control of the drugs
 Setting out the drugs/equipment for the physician
 Passing the drugs/equipment to the physician
 Other: _____
 None of the above

10.6 Was there communication (either written or oral) between you and the physician about this decision?

- Yes, once
- Yes, more than once
- No → go to question 10.7

Mark which of the following were applicable:

- | | | |
|---|---|--------------------------|
| 1 | Physician communicated the decision after this decision was made | <input type="checkbox"/> |
| 2 | Physician informed me of the wishes of the patient and/or relatives about this decision | <input type="checkbox"/> |
| 3 | Physician asked me, before making this decision, for information about: | |
| | - the patient's condition | <input type="checkbox"/> |
| | - the wishes of the patient and/or relatives | <input type="checkbox"/> |
| 4 | Physician asked me, before making this decision, for my personal opinion about it | <input type="checkbox"/> |
| 5 | Physician made the decision in consultation with me | <input type="checkbox"/> |
| 6 | I informed the physician about the wishes of the patient and/or relatives | <input type="checkbox"/> |
| 7 | I informed the physician about the patient's condition, before this decision was made | <input type="checkbox"/> |
| 8 | I gave the physician my personal opinion about this decision | <input type="checkbox"/> |
| 9 | I advocated for the wishes of the patient and/or relatives about this decision in discussion with the physician | <input type="checkbox"/> |

10.7 Was there communication between you and the patient and/or relatives about this decision?

- More than one answer can be given -

- Yes, with the patient → mark the column under patient
- Yes, with the relatives → mark the column under relatives
- No

Mark which of the following were applicable:

- | | | patient | relatives |
|--|---|--------------------------|--------------------------|
| 1 | The patient/relatives - what their wishes were about this decision | <input type="checkbox"/> | <input type="checkbox"/> |
| | communicated to me: - what their wishes were about this decision before telling the physician | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Additional questions were asked, but were not covered in the paper.</i> | | | |

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