

Online-Supplement 2: Questions and Results

Table 1. **Medical-ethical aspects** - questions and results

How important are the following aspects in such medical-ethical decisions?						
That is if a patient is receiving intensive medical care or not, or whether a palliative approach is taken?		Not Important	Less Important	Important	Very Important	p-value
		n (%)	n (%)	n (%)	n (%)	
Medical Indication	Probability of success of the intervention	1 (1)	3 (2)	59 (36)	99 (61)	0.001
	Survival probability	3 (2)	22 (14)	77 (48)	58 (36)	n.s.
	Low stress by the intervention	5 (3)	23 (14)	69 (43)	65 (40)	n.s.
	Limited natural life expectancy (due to age, comorbidity, etc.)	4 (3)	10 (6)	66 (41)	82 (51)	n.s.
Patient Autonomy	(Suspected) will of patient	1 (1)	2 (1)	27 (17)	132 (82)	n.s.
	Existing patient directive (living will)	0 (0)	4 (3)	32 (20)	125 (78)	n.s.
	Existing health care proxy	2 (1)	17 (11)	54 (34)	87 (54)	n.s.
	Existing guardianship	8 (5)	44 (27)	54 (34)	55 (34)	n.s.
Quality of Life	Quality of life before the treatment	1 (1)	3 (2)	60 (37)	98 (61)	n.s.
	Functional status before the treatment	2 (1)	11 (7)	76 (47)	73 (45)	0.015
	Lack of independence – need for nursing care	7 (4)	34 (21)	76 (47)	45 (28)	0.003
	Dementia	6 (4)	47 (29)	65 (40)	44 (27)	0.046
	Expected functional status after the treatment	1 (1)	5 (3)	65 (40)	91 (56)	n.s.
	Expected quality of life after the treatment	1 (1)	4 (3)	40 (25)	117 (72)	n.s.
Contextual Factors	Concerns of relatives	13 (8)	62 (39)	81 (50)	5 (3)	n.s.
	Availability of intensive care beds	41 (26)	74 (47)	39 (23)	7 (4)	n.s.
	Workload (through patient care or to organize an intensive care bed)	89 (55)	67 (42)	5 (3)	0 (0)	n.s.
	Guidelines for using resources, especially specialized beds	35 (23)	83 (54)	36 (23)	1 (1)	n.s.

Are there any other (unmentioned) aspects that are important to you in making such medical ethical decisions?

The last question was an open question, where participants could leave a commentary.

n: numbers. Percentages were rounded to absolutes, p-values are calculated by Chi-squared-test or Fisher-exact-test and refer to the difference between the physician-groups. n.s.: Not significant ($p > 0.05$). Significant items are listed in the results section of the article.

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Table 2. **Recalled case** - questions and results

In your recalled case, did you consider the following points concisely or have you actively asked for it?		No	Yes	p-value
		n (%)	n (%)	
Medical Indication	Success-probability of the treatment	3 (2)	132 (98)	n.s.
	Survival-probability of the acute situation	7 (5)	126 (95)	n.s.
	How stressful the intervention would be for the patient	22 (17)	110 (83)	n.s.
	What the natural life expectancy of the patient would be	22 (17)	111 (84)	n.s.
Patient Autonomy	What the patient wanted in this situation	5 (4)	129 (96)	n.s.
	Existing patient directive (living will)	16 (12)	118 (88)	n.s.
	Existing health care proxy	43 (32)	91 (68)	n.s.
	Existing guardianship	40 (30)	92 (72)	n.s.
Quality of Life	If independence or need for nursing care existed before the disease happened	5 (4)	130 (96)	n.s.
	If the quality of life was good for the patient before the treatment	10 (8)	124 (93)	n.s.
	How the functional status was before the treatment	4 (3)	131 (97)	n.s.
	Whether or not there was dementia	24 (18)	108 (82)	0.039
	How the quality of life would be after the intervention	20 (15)	110 (85)	n.s.
	Expected functional status after the treatment, i.e. which physical, psychic and emotional deficits had to be considered	17 (13)	113 (87)	n.s.
Contextual Factors	What are the concerns of relatives	40 (31)	90 (69)	n.s.
	If the availability of intensive care beds biased your decision	100 (76)	31 (24)	n.s.
	If the workload for the patient care or to organize an intensive care bed, influenced you negatively	117 (89)	15 (11)	n.s.
	If guidelines for using resources, especially specialized beds, influenced your decision	102 (80)	26 (20)	n.s.
	If your current mood, workload, empathy/antipathy had influenced your decision negatively	94 (75)	32 (25)	n.s.
Did the following factors influence your decision in your recalled case?				
Contextual Factors	Attitude of the ICU physician regarding admittance of the patient	92 (73)	34 (27)	0.021
	Concerns of other professional groups (involved in the care of the patient)	68 (52)	63 (48)	n.s.
	Your mood, workload, empathy/antipathy at that time	105 (84)	20 (16)	n.s.

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Table 3. **Practical decision making** at the end of life - questions and results

How to you deal in your work with important medical-ethical decisions at the end of life? Especially for DNR- and AND-orders, treatment limits (DNI, DNE) and therapy withdrawal.	Never	Seldom	Often	Always	p-value
	n (%)	n (%)	n (%)	n (%)	
Do you define the question and problems to be clarified in writing?	9 (6)	35 (22)	67 (42)	49 (31)	n.s.
Do you read through an existing patient directive yourself before making your decision?	3 (2)	9 (6)	26 (17)	120 (76)	0.006
Do you discuss your decision in advance with colleagues (or others)?	0 (0)	6 (4)	59 (37)	96 (60)	n.s.
Do you try to discuss important decisions with patients who are cognitively restricted (e.g., somnolence, dementia, delirium)?	6 (4)	55 (34)	57 (36)	42 (26)	<0.001
Do you have clear principles for making such a decision?	1 (1)	13 (8)	82 (52)	61 (39)	n.s.
Do you justify your decision in writing?	6 (4)	28 (18)	44 (28)	81 (51)	n.s.
Do you re-evaluate your decision regularly in the further course of the care?	0 (0)	15 (9)	62 (38)	85 (53)	n.s.
Do you recommend the making of a patient directive (living will) or a health care proxy in case of a foreseeable severe disease progression and/or limited life expectancy?	11 (7)	45 (28)	76 (48)	28 (18)	n.s.
Did you have to make medical ethical decisions in the last 4-6 weeks, concerning treatment intensification, limitation or withdrawal?	5 (3)	27 (17)	86 (54)	41 (26)	n.s.
Do you personally feel that medical ethical decisions at the end of life are emotionally stressful?	8 (5)	73 (46)	59 (37)	19 (12)	n.s.

n: numbers, DNR: Do Not Resuscitate, AND: Allow natural Death, DNI: Do not intubate, DNE: Do not escalate
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