Appendix 5: Interview schedule

Doctors’ views and experiences of assisted hydration at the end of life.

INTERVIEW SCHEDULE

Date __________

Introduction

- Introduce yourself. Check participant's name.
- Discuss the purpose of the study (exploring doctors’ views and experiences of assisted hydration near the end of life)
- Everything discussed will be confidential except if concerns raised for welfare of patient or others, when professional guidelines will be followed

- Provide structure of the interview (audio recording, taking notes)
- Emphasise purpose is not to discuss experiences and views
- Emphasise there are no right / wrong answers: your view is valid.
- Ask if participant has any questions
- Outline who participant can talk to if the interview causes distress, or if they have concerns about the study
- Gain signed consent
- Test audio recording equipment

Opening question

1) Can you tell me a bit about yourself and your professional role?

Prompts
- What contact do you have with dying people and their families?

2) Can you tell me about an experience that sticks with you when you think about patients you have seen and assisted hydration (or lack of it) has been an issue?

Prompts
- Have you had any patients or families get upset about this issue?
- Have you known any patients where this issue impacted on discharge or preferred place of death?
- Have you had experiences of patients with an ADRT that mentioned AH?
- Have you had experiences of patients / families wanting to go home with AH? How did it work?

3) How do you approach discussions about assisted hydration for people you believe to be dying?

Prompts
Are there any resources that you have used or found helpful to reduce uncertainty? Does this uncertainty from lack of research cause an already challenging topic to be even harder to discuss?

4) Patients and families often find this topic highly emotive and symbolic. How do you handle those issues in practice?

Prompts
- Do you ever get the sense that we might end up “treating the family” rather than the patient, if they are insisting on provision of AH?
- What’s your stance on that?

5) How do you find talking about this topic with patients and families?

Prompts
- Do you find assisted hydration to be something that comes up often in your conversations with patients or families? Who tends to raise it?
- Is it something that you would bring up unprompted if patients or families didn’t mention it themselves?
- What do you think of guidance that suggests we should discuss this routinely with all patients?
- Is it a challenging topic to discuss?
- Do you use any particular communication strategies when discussing this topic?
- What strategies have you seen used by others? What worked and what didn’t?
- What kind of factual information do you tend to give people when discussing this? Do you tend to talk about risks and benefits?
- Do you have any “go-to phrases” that you can share?

6) Would you say that you have an overall view or approach on the use of assisted hydration for people approaching the end of their lives?

Prompts
- What do you perceive as being the risks and benefits of using AH?
- What sort of experiences have informed your views on the use of AH?
- Do you feel there are differing patient groups for whom it might be more or less helpful?

7) Closing question: Have you any thoughts on how we might improve communication about assisted hydration for patients near the end of life?

Prompts
- Discuss existing NICE guidance and whether this corresponds to their practice or what they feel is best practice

Closing the discussion
Thanks for participation
Reiterate that some issues can be challenging. Remind that if needed they can talk to a trusted colleague, line manager or the interviewer or if they would like to speak to someone independently and in confidence, they can contact Elaine Bygrave (Head of Spiritual Care at Thorpe Hall Hospice) on 07928 644894. Ask who would like a copy of the results when they are published.

**After the interview**

Record field-notes: observations, feelings, thoughts, reactions about the discussion.