Study Survey

Part 1. Personal, professional and educational characteristics

1. How old are you? ___ years
2. What is your gender? ( ) Female ( ) Male
3. Are you married? ( ) Yes ( ) No
4. Do you have children? ( ) Yes ( ) No
5. How long have you been exercising medicine? ___ years
6. How long have you been exercising your medical specialty? ___ years
7. How many hours do you work in average week?___ hours
8. Do you believe in God? ( ) Yes ( ) No
9. Have you attended to formal lectures about palliative or end of life care in graduation or post graduation? ( ) Yes ( ) No
10. Did you read articles or attend to lectures about palliative or end of life care in the last year? ( ) Yes ( ) No
11. Are you interested in end of life issues? ( ) Yes ( ) No

Part 2. Clinical vignettes

Clinical vignette 1

A 55-year old female patient who was diagnosed with metastatic pancreatic cancer 6 months ago is admitted because of cough, fever and shortness of breath which began one day ago. The patient is in use of gemcitabine after progression of disease when in use of FOLFIRINOX, and is restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature. At admission, she is alert, BP 116/74mmHg, HR 110bpm, RR 18 ipm, arterial saturation of 90% and body temperature of 37.8°C. The emergency physician prescribes piperaciline-tazobactam and the patient is referred to medical wards.

After two days of treatment, the patient presents worsening respiratory function and the hospitalist is called. The patient is sweaty, with cold extremities, BP 78/44mmHg, HR 140 bpm, HR 32 ipm, arterial saturation of

88% with supplementary O2 (2l/min). The hospitalis prescribes 500ml of Ringer Lactate and increases oxygen delivery while he/she contacts you.

Considering that patient's relatives have previously manifested the intention of letting all decisions at discretion of the medical team, what would they do in this hypothetical situation?

1. ICU admission without restrictions: Refer the patient to ICU without restriction of life support measures (i.e., mechanical ventilation, vasopressors and renal replacement therapy) and do not address patient relatives regarding eventual withholding or withdrawal of life support measures;

2. ICU admission with restrictions: Refer the patient to ICU without restriction of life support measures (i.e., mechanical ventilation, vasopressors and renal replacement therapy), but address patient relatives regarding eventual withholding or withdrawal of life support measures if the patient condition would not improve after some days;

3. No ICU admission: Do not refer the patient to ICU and address patient relatives about comfort measures only.

Considering that after a meeting between oncologist and intensivist it was decided for ICU admission with institution of all necessary support measures. The patient is then on large spectrum antibiotics, mechanical ventilation, vasopressors and renal replacement therapy. After three days of full support, the patient has worsening multiple organ dysfunction in the last 24h (50% increase in norepinephrine dosage, increase in inspiratory fraction of oxgen from 40 to 70%, persisting metabolic acidosis despite of continuous venovenous hemofiltration, hyperbilirrubinemia and thrombocytopenia). In that scenario, how would you define the patient status after communication with the patient's relatives:

1. Full code: Maintenance of all life support measures and initiation of additional measures if necessary;

2. Withholding: Maintenance of all instituted life support measures, but with no additional measures if patient status continued to deteriorate;

3. Withdrawal of life support measures and focus on comfort care only.

Clinical vignette 2

A 55-year old female patient who was diagnosed with metastatic breast cancer with positive receptors for estrogen, progesterone and HER-2 six months ago is admitted because of cough, fever and shortness of breath which began one day ago. The patient is in use of trastuzamab and tamoxifen, and is restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature. At admission, she is alert, BP 116/74mmHg, HR 110bpm, RR 18 ipm, arterial saturation of 90% and body temperature of 37.8°C. The emergency physician prescribes piperaciline-tazobactam and the patient is referred to medical wards.

After two days of treatment, the patient presents worsening respiratory function and the hospitalist is called. The patient is sweaty, with cold extremities, BP 78/44mmHg, HR 140 bpm, HR 32 ipm, arterial saturation of 88% with supplementary O2 (2l/min). The hospitalis prescribes 500ml of Ringer Lactate and increases oxygen delivery while he/she contacts you.

Considering that patient's relatives have previously manifested the intention of letting all decisions at discretion of the medical team, what would they do in this hypothetical situation?

4. ICU admission without restrictions: Refer the patient to ICU without restriction of life support measures (i.e., mechanical ventilation, vasopressors and renal replacement therapy) and do not address patient relatives regarding eventual withholding or withdrawal of life support measures;

5. ICU admission with restrictions: Refer the patient to ICU without restriction of life support measures (i.e., mechanical ventilation, vasopressors and renal replacement therapy), but address patient

relatives regarding eventual withholding or withdrawal of life support measures if the patient condition would not improve after some days;

6. No ICU admission: Do not refer the patient to ICU and address patient relatives about comfort measures only.

Considering that after a meeting between oncologist and intensivist it was decided for ICU admission with institution of all necessary support measures. The patient is then on large spectrum antibiotics, mechanical ventilation, vasopressors and renal replacement therapy. After three days of full support, the patient has worsening multiple organ dysfunction in the last 24h (50% increase in norepinephrine dosage, increase in inspiratory fraction of oxgen from 40 to 70%, persisting metabolic acidosis despite of continuous venovenous hemofiltration, hyperbilirrubinemia and thrombocytopenia). In that scenario, how would you define the patient status after communication with the patient's relatives:

4. Full code: Maintenance of all life support measures and initiation of additional measures if necessary;

5. Withholding: Maintenance of all instituted life support measures, but with no additional measures if patient status continued to deteriorate;

6. Withdrawal of life support measures and focus on comfort care only.