

Specific Interview Questions

- complementing the key questions (cf. interview guide)
- pool, questions selected according to expertise of interview partner and to course of interview

General questions on DNAR

How is the DNAR status defined?

What general characteristics do DNAR patients have in common?

Does the conversation with the patient include the topic of surrogate decision-making?

Who should initiate a conversation about resuscitation with the patient?

How do you explain CPR to the patient?

Which patients are considered to have low chances to survive CPR or to profit in any way from it?

When (with a view to patient pathway from admission to discharge) is a DNAR decision typically made?

How happens when a DNAR patient has a myocardial infarct?

Are there different levels of DNAR status?

Does the DNAR status differentiate between lifesaving and life supporting measures?

Is a DNAR status still valid if the cardiac arrest resulted from an iatrogenic complication?

Is the DNAR status of a referred patient reviewed?

Is a DNAR order issued outside the hospital still valid in hospital and vice versa?

At which point are life-saving measures considered futile?

What is the relevance of DNAR orders in palliative care?

Do all patients in palliative care have a DNAR order?

Once a DNAR decision has been made, are other lifesaving procedures considered inappropriate as well?

How are medical personnel trained in the DNAR decision making process?

Do physicians ask for training in DNAR decision-making?

Healthcare professional - patient

(How) is a patient's mental state considered in the DNAR decision-making process?

How is a "competent" and "informed" patient defined?

If a patient is not involved in the DNAR decision-making process, according to which criteria was he excluded?

Which barriers typically render an involvement of a patient in the DNAR decision-making process more difficult?

How are cognitively impaired patients involved in a DNAR decision making process?

How do you explain patients the uncertainty of a prognosis?

Do you routinely discuss the topic of iatrogenic cardiac arrest with the patient?

Do you think that the religious orientation of the patient influences his/her decision regarding his/her own DNAR status?

How often do you talk to the patient before a DNAR decision is reached?

How do patients react to the topic "DNAR"?

How is it ensured that the information regarding the DNAR status of a patient is passed on to the treating staff?

Do physicians feel reluctant to raise the CPR issue with the patient?

Which factors trigger an initial conversation resp. reevaluation of a patient's DNAR status?

Physician – interprofessional team

How many people are involved in a typical DNAR decision process?

How often are DNAR decisions discussed in the team?

Anhand von welchen Kriterien werden DNAR Entscheide im Team diskutiert?

Which kind of DNAR decisions are discussed in the team?

How does a clinical team reach a consensual decision regarding the DNAR status of a patient?

Does the decision process get documented?

Is the expected quality of life after a reanimation procedure relevant to determine a DNAR status decision?

Is the existing quality of life important for the DNAR decision making process?

How do physicians assess the expected and lived quality of life of the patient?

Does a DNAR decision have influence on the (nursing) care given to the patient?

Is a DNAR order related to an eventual switch in therapy towards palliative medicine?

How do physician weigh different factors (prognosis, quality of life, age, diagnosis, cognitive status, decision-making capability) when a patient's CPR status is discussed within the team?

Are Prognosis after Resuscitation (PAR) or Pre-arrest Morbidity (PAM) scores used for such a decision? (Or any other score?)

How does a patient's diagnosis influence the DNAR decision-making process?

If a DNAR patient needs to be treated surgically, does an eventual DNAR status have to be annulled for the surgery?

How often are experienced physician consulted during a DNAR decision-making process?

Within the interprofessional treatment team, who typically starts the discussion about a DNAR decision?

If a DNAR decision is nonconsensual, how good is the compliance of the staff disagreeing with that decision?