

Supplemental Material 2. Domains, Themes, Subthemes, and Supporting Quotes

Domains, Themes, and Subthemes	Supporting Quotes
Satisfaction	
Responsiveness of the Ethics Consultant	<p>“I think the response that I got was fairly timely. And the discussion that happens subsequently was very fruitful. It’s not like one of those where somebody is hurried for time and need to go somewhere else and what not.” P6</p> <p>“And let’s say the ethics consult had taken a week or two to resolve and say, ‘Yeah, we can talk to the friend.’ This guy would have been kept alive with just a terrible quality of life for a week or two, and then would have still almost certainly died...so I think what the outcome of the ethics consult was it really allowed us to, I think, pursue the most reasonable and most compassionate care in a very timely manner.” P13</p>
Willingness to consult	<p>“So management of a particular issue that a patient might have, so cardiology with a patient who has AFib [atrial fibrillation], I kind of know the more that I consult on those types of issues with those patients, that it’s... their clear cut management is this, this, and this. They’ve got guidelines to support it. There’s information out there that’s pretty clear. Even when we did the ethics consult for that particular patient, there was discussion amongst multiple people for like several hours of the day in kind of discussing different aspects of the case. So, I still feel like even though we came to that end point for that particular patient, I don’t, based on who we might talk about things with, or what the patient’s history was, or what their situation was, I don’t think that we would...it’s not clear to me what the endpoint would be every single time.” P6</p> <p>“I’ve actually consulted Ethics more this year than I have, I think in my entire career of service...so I’ve gotten to know quite a few people on the Ethics Committee...the ICU has a fair amount of facetime with a lot of the ethicists, because we used to have before COVID the weekly multidisciplinary meeting, which Ethics regularly attended... I definitely think because of those points of contact, both ones that I sought out and ones that are just regularly available, I think about consulting Ethics probably sooner than I might have in the past, but I don’t know...yeah, it’s hard for me to point to specifics, things that this case changed about my</p>

opinion or my view or my interactions...this year though as a whole, I would say has made me more interested in the seeking of ethics consultation than I have been previously.” P7

“I am very comfortable with the outcome of the case...the patient’s goal was to go home and she was not safe for home...and I think we did what was the most safe for her and it’s not like we had any doors closed for her going home. I think the misunderstanding was that if she went to that facility she would never leave it and I think that was the part that the medical team and the guardian were able to communicate very clearly with her, and then she ended up going without incident.” P12

“I think everyone involved was very comfortable with the resolution that we reached and what we were able to communicate and what the patient ended up being comfortable with. So, I know the surgeon, who was initially very uncomfortable, felt better.” P3

“It’s always very sad and frustrating as a provider when a patient dies. I think a patient who is transferred to you with what is essentially a terminal problem, end stage liver failure, hemorrhagic shock...you can recognize that there’s very little to do. And so despite any death being upsetting, we all felt very comfortable with how it proceeded...I’ve been involved in deaths that are very tricky, and the team is very uncomfortable, and nurses disagree with the physician, and different people have different opinions, this was a situation where everyone was on the same page with the outcome.” P13.

“I guess it made me just realize that I know these policies are in place for a reason, and ultimately they’re trying and help protect our patients and protect the family members as well...there is a frustration aspect from both the providers as well as the family, but I think just reminding ourselves as why those policies are in place and do our best to provide support when we can.” P10

Institutional Role of the Ethics Service

“...even though it wasn’t the right resources, they were happy to help redirect me. I thought that was a good thing and was helpful.” P10

“...I think nobody likes even the suggestion that they might be thinking or behaving unethically...” P7

	<p>“So I think if it had been a consult that was provoked from our team...it might have felt a little different. The fact that it did show it came from family sort of going behind our backs to escalate this, I would say probably did cast a little bit of a light on it, feeling like, ‘shoot, what are we not...what are we not providing to these parents that they had to go behind our backs and stuff?’” P1</p>
Identifying Areas for Improvement	<p>“I’m not sure how closely Ethics works with the [Institution] Legal Department, but I think perhaps had their service, the Ethics Service been aware of this patient earlier...if there’s some communication between the [Institution] Legal Department and the Ethics Department about...and maybe informing the Legal Department about suggesting to the care providers, do you think you should get Ethics involved kind of would be an interesting thing, I guess...I think, that making their service sort of more widely known I think could potentially improve patient care and improve allocation of medical resources...” P2</p> <p>“I think, as I’ve mentioned, it’s felt like the twice, now, that I’ve been involved in the scenarios, it’s been an attending-only discussion, so I think that for my own learning and for my own kind of advocacy for both myself and my patients in the future, it would be really helpful to be a part of those conversations...” P1</p>
Value	
Intra-personal Worth of Ethics Consultation	
<i>Emotional</i>	<p>“Yeah, I think that the COVID pandemic has had a lot of ethical implications and caused a lot of moral distress for the treatment team here that I work with. And I think we were all having these feelings of, in this case in particular of just feeling the, I guess, the disparity or the conflict of our role as care providers and our professional code of ethics and what we had been charged to do during the pandemic with keeping everybody safe, but seeing the trickle down on the individual and the family levels was really hard. And so we just really wanted to make sure that we were seeing things from all angles and that we were doing right and just bouncing it off somebody else, like a neutral person who could see it through their specialty.” P8</p>

	<p>“It was a little bit of a relief to know that ethically we were doing the right thing” P5</p> <p>“They certainly take a certain amount of burden off, that’s a big thing, I think. If as the provider I have been like, ‘Well, I think the right thing to do is just talk to the friend even though they’re not related [for a patient without medical decision-making capacity with no family or DPOA on file].’ I think that would have been a little more difficult, ‘cause I would have said, ‘Am I doing the right thing? Is this the right way to go?’ And when you’re consulting a team that is specifically trained in making these decisions on, ‘how do we address the moral issues, and the medical and legal issues?’ You feel much more comfortable, ‘cause Ethics has the toolbox to make those decisions.” P13</p> <p>“I felt, like, comforted that someone was doing a more thorough...investigation and trying to come up with like as much evidence in the decision as possible.” P1</p> <p>“I mentioned it [i.e., the consult] taking off this moral burden because they’re helping us make a decision...” P13</p>
<i>Cognitive</i>	<p>“...it was just sort of helpful to clarify my thoughts and understanding...” P4</p> <p>“...to look at it from all different channels, like what every potential possibility could be for how this case could be perceived...” P6</p> <p>“I was pleasantly surprised at how direct they were. I thought they were gonna be like, ‘Oh, as long as you document everything, you’ll be fine,’ which is an answer I’ve gotten before, and they were just like, ‘No, you will be fine because of these reasons,’ which was good.” P11</p> <p>“...it provided me with an external voice who has not been invested in the case itself to help confirm some of the things that I’ve been thinking about.” P9</p> <p>“These cases they evoke these feelings and these emotions. And I just always wanna make sure that I’m looking at things objectively. And so sometimes it’s hard</p>

to do that. And so I think it's good to know that you have somebody who is coming from the training that the team comes from, and that they are neutral and they're objective. And I think I'm always open and willing to hear and learn from their point of view. So I just, I feel like it's so important to have that kind of neutral person. And I think it's a check for us. And it's the best for the patient..." P8

"They supported us with what we wanted to do, like we didn't feel what the family wanted was right, and we felt what we were doing was right, and then [the ethics service] validated it." P14

Behavioral

"And all these other things come into play. 'Am I doing what I think is best for my patient? How much of my bias is coming into play here? Am I trying to be as objective as I can as I provide care for this patient?' All came together...I'm like, 'Am I doing what's right? Am I biased somehow? What's happening?' " P9

"I think it's helped define our role in his care a little bit. And just said, '...this is what you can do, and this is what you can't do.' "

P11

"I think it was good just again, to kind have some clarification about a provider's role in determining...in helping to determine a code status when there are conflicts involved." P4

"Ethics empowered us to say, 'Okay, we think comfort care is the way to go, we think any interventions aren't gonna make a difference.' And once we had the Ethics team help us use his friend to make that decision with us, we were able to proceed with what we thought was the most appropriate course of care." P13

"...I just felt more confident in my discussions with them in really just saying, 'This is what we need to do and it's unfortunate.' ...I felt more confident in being able to communicate with the family that were coming from the best place." P8

	<p>“I think we avoided doing harm to the patient by getting them involved.” P2</p> <p>“And then after the conversation I had with ethics, then we came back to the family...and then let them know that what we think is best for their mother was be DNR. We’re still gonna continue to provide all of the care that we need to provide for her in terms of trying to get her liberated from the ventilator and what not, but if her heart were to stop, we were not gonna do anything else.” P9</p>
Inter-personal Worth of Ethics Consultation	<p>“So I think, having a third party weigh in, talk about the ethical implications of the decision, and especially with a note in the chart, helps the medical team and all the different members of the team, like the nursing team, everyone who wasn’t at the conversation with the ethics committee, see what was discussed, see the care that people are putting into the decision, and come up with a plan together that we will support each other, knowing what we are talking about and thinking about...having that documentation in there, I think it really shows to the rest of the ancillary staff that’s not directly involved in certain aspects of the patient’s care that the time, energy, and emotional part of the job that we’re dealing with and things that we’re considering that aren’t often evident in the medical records” P1</p> <p>“I think the mom was very grateful for whatever things we tried, and that we were reaching out on her behalf...it was helpful to them knowing that we were there and willing to try what we could...” P10</p> <p>“...then I asked her point blank if she was planning on telling her husband ‘cause she initially said, ‘No’ so I just asked her again if she had any plans to. And she said she was going to try to in her own way, so I feel like it wasn’t an abusive situation at all. But I think she had been able to do some more processing and think on more things, and I think we came to a very reasonable conclusion and plan going forward.” P3</p> <p>“I think I had shared frustrations with the other care providers on the teams, and once we reached out to Social Work and Psychology, they expressed that they have been trying their best as well to provide more supports for family members. So I think that it just was a</p>

mutual understanding that we all were trying our best and doing what we could.” P10

: “...I think there may have been some other sub-specialty providers who were not pleased that the Ethics Committee was brought in...” P7

“I think it really helps tie your team together because I think that the ethics team was really good at considering the patient side, the hospital side, and the provider side all together and coming up with some balanced thoughts, recommendations from that point of view.” P12

“...I think it just brought the team a little bit more unified, and it also gave us the encouragement that we were doing the best that we could...It did unify everybody to partner with them and say like, ‘we know this is terrible, this is terrible for us too, but yet this is what is the rightest thing to do.’ ” P8

“...she believed that if she were to have a hysterectomy that she would no longer be considered a woman and she was uncomfortable sharing that with her husband for whatever reason. And we on maternal fetal medicine side, it wasn’t idea, but we’re on board with protecting her autonomy. But one of the other surgeons who was consulted to help with the case was very uncomfortable with that given the morbidity associated with the surgery...so he was very, very uncomfortable with the husband not knowing that and I discussed it with my maternal fetal medicine attending who recommended the ethics consultation to have a third party involved and help kinda troubleshoot that...you can’t always reach that resolution, but in this case we were able to...everything overall was very comfortable, and I think when there’s disagreement, it’s nice to have just like a third party who specializes in this to give a stamp of approval for how to proceed.” P3

“...despite frequent attempts and repeated attempts to explain our rationale for care decisions and to really connect with the family, they were not understanding and were also getting frustrated...and they were also threatening some legal actions as well, and so I think

that was definitely helpful to feel like we needed somebody else to be a third party in this." P5