

Supplement 2: Coding tree and personal characteristics about interviewer and coder

Overarching categories	Coding rule	Number of codes assigned (percentage of total codes)
“Expectation of positive effects”	The category “Expectation of positive effects” is coded when statements are made about positive aspects (e.g., benefits, hopes, wishes) of digitization in general and ... positive aspects of the (presented) DSS in particular.	425 (11.7 %)
“Expectation of negative effects”	The “Expectation of negative effects” category is coded when statements are made about negative aspects (e.g., disadvantages, dangers, fears) of digitization in general and ... negative aspects of the (presented) DSS in particular.	301 (8.3 %)
“Reliability of the technology”	The category “Reliability of the technology” is coded when statements are made about... ... the correctness of the technical analyses, ... faulty analyses as well as the handling of them, ... the trust in technical systems or about aspects of a trustworthy technology (e.g. diversity/non-discrimination/fairness, robustness/security, cf. guidelines of the EU Commission).	329 (9.0 %)
“Traceability/Comprehensibility of decisions”	The category “Traceability/Comprehensibility” is coded when statements are made about... ... the weighting/importance of traceability in decisions in general, ... about the importance of traceability in decisions made by people (physicians/nurses), ... about the importance of traceability in decisions made on the basis of algorithmic analyses, ... about measures how traceability could be established (e.g., transparency, explicability of algorithmic results, explanations about medical treatments).	135 (3.7 %)
“Trust in human actors and institutions”	The category “Trust (in human actors and institutions)” is coded when statements are made about... ... the expectation that an event or action important to the speaker, which is in the context of digitized medicine/nursing (especially DSS use), will occur or be carried out in a way desired by the speaker but at the same time not controlled, ... expectations of medical and nursing staff, themselves, and relevant institutions (e.g., facility providers, manufacturers, legislators), ... someone else who has or should have such expectations (e.g., when medical students talk about their future patients).	139 (3.8 %)
“Trust in/reliance on technical systems”	The category “Trust in/reliance on technical systems” is coded when statements are made about... ... trust in/reliance on technical systems, ... the necessary preconditions for trust in/reliance on technical systems (if they do not directly concern “reliability” or “comprehensibility”), e.g., individual experience with the CDSS.	364 (10.0 %)

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“Decision-making authority”	The category “Decision-making authority” is coded when statements are made about whether the recommendation of the DSS or the professional’s own judgment (especially in the case of disagreement) is given greater weight, ... how to proceed if the professional’s assessment differs from that of the DSS.	298 (8.2 %)
“Responsibility”	The category “Responsibility” is coded when statements are made about who (why) assumes or should assume responsibility for (the consequences of) (medical or nursing) actions influenced by a DSS.	352 (9.7 %)
“Competencies”	The category “Competencies” is coded when statements are made about Competencies required by medical or nursing staff for dealing with (the presented) DSS in particular, ... Competencies that medical or nursing staff acquire or should acquire for digitized medicine or digitized care, ... the understanding of the technologies that medical and nursing staff and patients (should) have, ... competencies that patients need in the context of digitized medicine or digitized care, ... competencies that patients need in the context of the DSS presented.	551 (15.1 %)
“Role setting”	The category “Role Setting” is coded when statements are made about the doctor-/nurse-patient relationship in the actual or imagined setting with and without modern technologies (incl. DSS), ... (possible) effects of the use of DSS on the doctor-/nurse-patient relationship, ... the (expectations of) roles of the human actors in the setting (doctors, nurses, patients, relatives, etc.), ... role changes of the human actors in the setting (doctors, nurses, patients, relatives, etc.).	160 (4.4 %)
“Patient education”	The category “Patient education” is coded when statements are made about whether and how patients should be informed in advance about the use of DSS, ... whether patients should consent to the use of DSS or whether they may refuse the use of DSS, ... what patients should be told in the event of harm in the context of the use of a DSS.	338 (9.3 %)
“Comparison between DSS and other systems/instruments”	The category “Comparison between DSS and other systems/instruments” is coded when statements are made... ... to what extent the presented DSS differs from other systems and instruments used in the medical or nursing context, ... to what extent one of the presented DSS differs from the other presented DSS.	81 (2.2 %)
“Other”	The category “Other” includes other aspects that are not included in the above categories, but which are related to the topic of DSS.	136 (3.7 %)

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Personal characteristics about interviewer and coder (according to COREQ Statement)

	Interviewer (ST)	Main Coder (FF; first author)	Co-Coder (SS; last author)
Credentials	M. Ed.	M. D., M. A., Mag. theol.	M. D., Ph.D.
Occupation	research associate (Institute for Ethics, History and Philosophy of Medicine)	research associate (Institute for Ethics, History and Philosophy of Medicine)	professor, head of institute (Institute for Ethics, History and Philosophy of Medicine)
Gender	female	male	female
Experience and training	Bachelor's/Master's degree (German language and literature, Protestant theology, educational sciences; philosophy as extension subject); research experience in the field of applied ethics and qualitative social research/participation in various workshops.	University degrees in medicine, philosophy and catholic theology; research experiences in the field of medical ethics, especially digitization of medicine, patient will, and doctor-patient communication.	University degrees and doctoral degrees in medicine and philosophy; research experiences include empirical-ethical research, ethical issues at the end of life, professionalism and interprofessionalism in health care, and ethical issues of digitization in medicine.
Relationship to interviewees prior to study commencement	No	No	Not known (potentially some interviewees could have been listeners in university courses about "Medical Ethics")

Interviewees were informed about the topic "Digital Decision Support Systems and Digitization in Medicine" before the interviews were conducted. Only information about the interviewer's current affiliation and educational background was provided to the interviewees.