Appendix A: Survey Questions.

SECTION ONE: Demographics

What is your role (select more than one if applicable)?

a) Cardiologist  

b) Geriatrician  

c) General Physician

What is your Gender?

a) Male  

b) Female

What is your age?

<40  

b) 40–49  

c) 50–59  

d) >60

How many years have you been qualified as an SMO in your specialty?

<10  

b) 10–19  

c) 20–29  

d) >30

SECTION TWO: Perceptions

This section aims to explore your views on deactivation of defibrillators.

These questions are on a Likert scale as follows:

1 2 3 4 5 N/A

(strongly agree) (somewhat agree) (neutral) (somewhat disagree) (strongly disagree)

In a competent patient with a terminal illness, I feel it is ethically appropriate to deactivate a defibrillator if they request this.

I feel that deactivation of defibrillators at the request of a patient is ethically similar to refusal of implantation.

I feel that family should all agree to the decision of deactivation before it is performed.

I feel that active defibrillators have the potential to worsen quality of life at the end of a terminal illness.

I think all patients with defibrillators should have timely discussions about deactivation.

SECTION THREE: Conversations

This section aims to explore your level of comfort and training in regard to conversations, as well as barriers to communication.

These questions are on a Likert scale as follows:

1 2 3 4 5 N/A

(strongly agree) (somewhat agree) (neutral) (somewhat disagree) (strongly disagree)

I feel comfortable bringing up the option of deactivation with my patients.

I feel confident in my communication skills about end of life issues.

I feel I have had enough training and support to have these discussions.
I have enough time with my patients to have conversations about deactivation when I need to.
I feel conversations about deactivation might cause anxiety in my patients.
I feel conversations about deactivation may negatively affect my patient-doctor relationship.
I feel that uncertainty over prognosis can make it difficult to have deactivation conversations.
What other barriers prevent you from discussing deactivation of ICDs? [free text].

SECTION FOUR: Practice

This section aims to explore your usual practice of communication with patients
Note that the Likert scale is slightly different to the previous questions.

These questions should be answered with a Likert scale as follows:

1 (always) 2 (most of the time) 3 (sometimes) 4 (occasionally) 5 (never) N/A

I discuss the possibility of future deactivation of ICDs at the time of implantation.
I discuss the possibility of deactivation of ICDs with patients who have developed a
terminal or rapidly progressive disease.
I discuss the possibility of deactivation of ICDs with patients who I feel have a rapidly
declining quality of life.
I discuss the possibility of deactivation of ICDs with patients who have had increasing
numbers of hospital admissions.
My patients are aware that if treatment with an ICD were becoming burdensome,
they would have the option of deactivation.
If I made a decision to deactivate an ICD, I would attend the bedside of a patient
during the deactivation.
I bring up advance care planning with patients with terminal or rapidly progressive disease.
I involve palliative care to help with decision making in complex cases involving ICDs.
Do you have any other comments on this topic?