***Appendix A: Physician Distress Intolerance (PDI) Scale: Initial Items***

**HOW MUCH DO YOU AGREE WITH THE FOLLOWING:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|   | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| \*1) I am concerned about discussing the possibility of stopping treatment with patients who have a life limiting illness because it may cause them to lose the will to live.  | 0 | 1 | 2 | 3 | 4 |
| \*2) I am concerned that if I tell my patients with COPD/CHF that it is a life limiting illness, they will stop taking care of themselves.  | 0 | 1 | 2 | 3 | 4 |
| 3) I worry that talking about palliative or hospice care will make patients feel I've abandoned them.  | 0 | 1 | 2 | 3 | 4 |
| \*4) I'll be uncomfortable if patients become upset when I tell them about their prognosis. | 0 | 1 | 2 | 3 | 4 |
| \*5) I feel tense when I know I have to talk about prognosis with a COPD/CHF patient. | 0 | 1 | 2 | 3 | 4 |
| \*6) I feel stressed starting the conversation about prognosis and end-of life care if I think patients don't already understand how serious the situation is. | 0 | 1 | 2 | 3 | 4 |
| \*7) I would rather avoid discussions about life-limiting illness unless I have no choice. | 0 | 1 | 2 | 3 | 4 |
| \*8) I am concerned that the needs of a dying patient and his/her family will be overwhelming for me. | 0 | 1 | 2 | 3 | 4 |
| 9) I am more likely to discuss prognosis in patients with advanced cancer than in patients with severe COPD/CHF. | 0 | 1 | 2 | 3 | 4 |
| \*10) If my judgment about prognosis is incorrect, patients or their families with be upset with me.  | 0 | 1 | 2 | 3 | 4 |
| 11) I need to be certain about the prognosis before giving a patient bad news. | 0 | 1 | 2 | 3 | 4 |
| 12) If I do not promote aggressive care, I run the risk of being sued. | 0 | 1 | 2 | 3 | 4 |
| 13) I am concerned that my peers would not agree with my clinical care if I did not provide the patient as aggressive treatment as possible. | 0 | 1 | 2 | 3 | 4 |
| 14) If I don’t do everything I can, the patient may die. | 0 | 1 | 2 | 3 | 4 |
| 15) I am confident I know how to talk to patients about death and dying. | 0 | 1 | 2 | 3 | 4 |
| \*16) I'm not clear how to talk to patients about prognosis in COPD/CHF because it can be so ambiguous.  | 0 | 1 | 2 | 3 | 4 |
| \*17) Patients' knowledge about COPD/CHF is often limited, so it's hard to know where to start the conversation.  | 0 | 1 | 2 | 3 | 4 |
| 18) Prolonging life is more important than honoring a patient's request to withhold "heroic" treatment, even if doing so directly contributes to suffering. | 0 | 1 | 2 | 3 | 4 |
| 19) I should never be the one who decides to limit care. | 0 | 1 | 2 | 3 | 4 |
| 20) It is very hard for me to make treatment decisions that will limit the patient’s lifespan. | 0 | 1 | 2 | 3 | 4 |
| 21) If necessary, a terminally ill patient should receive drugs to relieve pain and suffering, even if these drugs may hasten the end of the patient’s life. | 0 | 1 | 2 | 3 | 4 |

*\*Included in final 10 item scale*

*Note: the COPD and CHF versions of the PERC-EOL scale differ only in the condition name appearing in the items.*

***Appendix B: Clinical Vignettes***

**COPD Vignettes**

*Moderate Severity*

When you walk in the room, the patient is wearing a venti-mask and is lying on the bed staring at the ceiling, expressionless. The patient is a 65-year-old diagnosed with COPD, hypertension, and diabetes. The patient has occasional breathlessness with daily activities, has a longer recovery from routine respiratory illnesses, and has taken some days off from work because of symptoms. The patient does not require home oxygen. This is the patient’s third hospitalization overall, but the second hospitalization this year. The patient has had two prior intubations and was successfully treated and extubated. The patient does not require intubation during this admission.

*High Severity*

When you walk in the room, the patient is intubated on a ventilator, restrained, not alert, mildly agitated, with the nurse standing at the bedside. The patient is a 65-year-old diagnosed with COPD, hypertension, diabetes, and coronary artery disease. The patient is unable to work, has daily breathlessness regardless of activity, and requires oxygen at home. The patient also has a history of 6 prior hospitalizations within the last 18 months, with 2 requiring intubation. The patient was admitted with COPD exacerbation and is currently intubated.

**CHF Vignettes**

*Moderate Severity*

When you walk in the room, the patient is wearing a venti-mask and is lying on the bed staring at the ceiling, expressionless. The patient is a 65-year-old diagnosed with CAD, CHF, hypertension, and diabetes. The patient has occasional breathlessness with daily activities, and has taken some days off from work because of symptoms. This is the patient’s third hospitalization overall, but the second hospitalization this year. Echocardiogram on this admission showed an EF of 35%.

*High Severity*

When you walk in the room, the patient is intubated on a ventilator, restrained, not alert, mildly agitated, with the nurse standing at the bedside. The patient is a 65-year-old diagnosed with CHF, hypertension, diabetes, and coronary artery disease. The patient is unable to work, has daily breathlessness regardless of activity and has a history of chest pain at rest not responsive to nitrates. The patient also has a history of 6 prior hospitalizations within the last 18 months, with 2 requiring intubation. The patient was admitted with CHF exacerbation and is currently intubated. Echocardiogram on this admission shows an EF of 20%.

***Appendix C: EOLC-Communication and EOLC-Delay***

**EOLC-Communication:**

**Think about the patients with similar symptoms you have cared for in the last year.**

**With how many of these patients did you start a discussion...**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | None | A Few | Around Half | More than Half | All |
|  | …about prognosis? | 0 | 1 | 2 | 3 | 4 |
|  | …about life-prolonging treatment options for end-of-life care (e.g., intubation)? | 0 | 1 | 2 | 3 | 4 |
|  | …about palliative care as a treatment option? | 0 | 1 | 2 | 3 | 4 |
|  | …about advance directives? | 0 | 1 | 2 | 3 | 4 |
|  | …about spiritual, religious, or cultural concerns? | 0 | 1 | 2 | 3 | 4 |
|  | …providing detailed information to the family? | 0 | 1 | 2 | 3 | 4 |

**EOLC-Delay:**

**Think about the patients with similar symptoms you have treated in the last year. In general, how often did you wait to discuss prognosis or other end-of-life issues until these patients asked about them?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **☐** | never | **☐** | some of the time | **☐** | half the time | **☐** | most of the time | **☐** | all the time  |

***Appendix D: Physicians’ Distress Intolerance (PDI) Scale***

***General, Non-Condition Specific Version***

**HOW MUCH DO YOU AGREE WITH THE FOLLOWING:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|   | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| 1) I am concerned about discussing the possibility of stopping treatment with patients who have a life limiting illness because it may cause them to lose the will to live.  | 0 | 1 | 2 | 3 | 4 |
| 2) I am concerned that if I tell my patients that they have a life limiting illness, they will stop taking care of themselves.  | 0 | 1 | 2 | 3 | 4 |
| 3) I'll be uncomfortable if patients become upset when I tell them about their prognosis. | 0 | 1 | 2 | 3 | 4 |
| 4) I feel tense when I know I have to talk about prognosis with a patient with life-limiting illness. | 0 | 1 | 2 | 3 | 4 |
| 5) I feel stressed starting the conversation about prognosis and end-of life care if I think patients don't already understand how serious the situation is. | 0 | 1 | 2 | 3 | 4 |
| 6) I would rather avoid discussions about life-limiting illness unless I have no choice. | 0 | 1 | 2 | 3 | 4 |
| 7) I am concerned that the needs of a dying patient and his/her family will be overwhelming for me. | 0 | 1 | 2 | 3 | 4 |
| 8) If my judgment about prognosis is incorrect, patients or their families with be upset with me.  | 0 | 1 | 2 | 3 | 4 |
| 9) I'm not clear how to talk to patients about prognosis in some conditions because it can be so ambiguous.  | 0 | 1 | 2 | 3 | 4 |
| 10) Patients' knowledge is often limited, so it's hard to know where to start the conversation.  | 0 | 1 | 2 | 3 | 4 |

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