Supplemental material: Coding framework

Code	Subcodes

Patient autonomy	• Patient wishes
	  ○ DNAR/ReSPECT
	  ○ Documentation required
	  ○ Informing treatment options
	  ○ Educating public about resus and DNARs
	  ○ Need to be established before an emergency
	  ○ Communication with family (asking relatives about patient wishes)
	  ○ Not communicated to paramedics
	  ○ Not always recognised or enacted
	  ○ Interpreted in context of event
	• Family autonomy by proxy
	• Family involvement and patient wishes difficult to incorporate into guidelines
	• Conflict between patient wishes and paramedic guidelines

Preventing harm to patients	• Guiding principles
	  ○ Saving life/protection from harm
	  ▪ Making a safe decision
	  ○ Preventing further harm / relieving suffering

Best interests	• Assumptions that inform best interests decision-making
	  ○ End of life care/final stages of terminal illness
	  ○ Quality of life before CA
	  ○ Quality of life if patient survives CA
	  ○ Relevance of age
	  ▪ Physiological reserve
	  ▪ Independence
	  ▪ Paramedic's emotional response
	  ▪ Years left to live
	  ▪ Other assumptions
	  ▪ No influence
	  ○ Ability to benefit
	  ▪ Reversible cause
	  ▪ Shockable rhythm
	  ▪ Physiological reserve / comorbidities
	  ▪ Downtime with no CPR
	  ▪ Levels of independence
	• Values that inform best interests decision-making
	  ○ Good death
	  ○ Patient dignity
	  ○ Quality of life versus sanctity of life
	  ○ Treating everyone (patients) the same
	  ○ Acting for the benefit of the patient
	  ○ Weighing up
	  ▪ Likelihood of reversing CA cause vs a difficult death

	▪ Chance of survival vs post-CA quality of life ▪ Risk vs benefit of moving patient • Conflict o Between family wishes/expectations and patient's best interests o Between guidelines for dispatch team and patients' best interests
Caring for the patient's family	• Impact on family o Feeling responsible for not doing good enough CPR o Emotional trauma o Regret over actions taken or not taken o Feeling that they are responsible for the decision • Communication with family o Dealing with disagreement between family members o Age causes a dilemma in communication with family o Transparency o Involving family in decision o Use of language o Designating a liaison • Duty of care o Empathy/compassion o Family-witnessed resus o Doing everything clinically for the family's sake o Reducing the family's burden during the event o Breaking bad news gradually o Reducing distress to family o Not giving false hope o Family presence influencing decisions o Facilitating closure • Conflict o Between caring for family and resus practicalities o Between caring for family and guidelines • Limits on caring for the family o Prioritizing patient over others' (family's) needs
Impact on paramedics	• Risks to paramedics on scene o High levels of stress o Coping with upset family / bystanders o Verbal and physical abuse from family / bystanders o Distress of breaking bad news • Risks to paramedics during transport • Risks to paramedics over time o Emotional trauma o Cynicism o Complaints • Judgment by hospital staff • Moral distress o Values

	▪ Duty to preserve life ▪ Patient dignity ○ Conflict • Between guidelines and what feels right • Between expert advice and what will benefit patient, bystanders, crew ○ Care for the clinical team ▪ Minimising harm to paramedic by removing decision from them ▪ Checking in and debriefing
Decision-making	• Complexity of decisions ○ PEA is complex – not an easy decision to terminate ○ Decisions need to be defendable ○ Difficulty of unpredictable cases ○ Triangulation; patient, family, & clinical info ○ Decision making in OHCA is nuanced and complex ○ Impact of organ donation on decision re CPR ○ ED staff have more information on which to make a decision than paramedics ○ Paramedics make decisions in stressful situations • Responsibility / accountability ○ Shared decision-making ▪ Making decision as a team ▪ Protection for decision-maker ▪ Advice from more expert clinicians ▪ Paramedics need autonomy and support ▪ Life /death decision-making needs to be shared ▪ Confidence depends on experience ▪ Negotiating authority within the team ○ Impact of guidelines versus clinician experience/autonomy ○ Importance of acting to guideline ○ Following one's instinct and taking responsibility • External factors ○ Importance of context ▪ Location of CA ▪ Availability of necessary medical facilities ○ Difficulty of making complex decisions when tired at end of a long shift
Impact on others	• Multiple stakeholders ○ The right decision needs to be made for the patient, family and others • Ambulance service ○ Waste of resources if patient unlikely to survive