



Interview guide for focus group interviews

Developed for the research project: 'Palliative sedation in long-term care? A qualitative study on dealing with sedative measures at the end of life' (Maya Monteverde)

Topic/Open questions	Follow-up questions	Probing questions
Introduction Part 1 - Distressing symptoms and suffering at the end of life		
How do you recognise that a resident is dying?	What do you consider to be the difficulties? At what point do you consider a resident to be dying?	Why? Could you please share an example of this?
Which stressful symptoms do you notice at the end of your residents' lives?	What other symptoms could you think of? (Which symptoms are less stressful? Why?)	What do you find stressful about it? Why? Could you please share an example of this?
What challenges do you face in dealing with these stressful symptoms?	What are the difficulties in dealing with this? - On a personal level? - On a professional level? - On a structural level?	Could you please share an example of this? Could you describe this in more detail?
What helps you deal with these symptoms?	What or who would help you with this? What would you wish for? From whom?	Is there anything else that might help you? Could you please share an example of this?
Part 2 - Sedative measures		
What do you understand by 'sedative measures'?	Which medications do you think are included? Which medications do you use in your institution?	What experiences have you had with these medications in your practice? What challenges do you face in this regard?
What has been your experience when it comes to sedation to alleviate the suffering of residents at the end of their lives?	How does the decision-making process take place with the attending physician/relatives/affected resident? How do you communicate with the attending physician/relatives/affected resident?	What difficulties do you encounter? What tools are available to help and support you?



Part 3 - Targeted or palliative sedation		
What do you understand by 'targeted sedation' or 'palliative sedation'?	What do you see as the differences between 'targeted' and 'palliative' sedation?	What do you understand by: 'deep continuous sedation', 'superficial sedation', 'intermittent sedation'?
When, and in which situations, do you think targeted or palliative sedation is needed?	Why?	Have you ever experienced targeted/palliative sedation? If so, what was your experience with it?
When it comes to palliative or targeted sedation, what role do you think long-term care institutions play?	What difficulties and challenges do you see in administering sedation in a nursing home? And why?	What requirements would have to be met for your institution to be able to carry out palliative or targeted sedation? Have you ever wished that this measure had been available for you?
Part 4 - Challenges in dealing with suffering and sedative measures at the end of life		
What do you see as the greatest challenges in connection with sedation measures to alleviate suffering at the end of life?	Do you see any other challenges?	
What support do you need as a registered nurse/healthcare assistant to be able to deal with these challenges?	What specific support services would help you in dealing with this? Can you think of any other services that could help you?	Are you able to take up these services? Are you able to organise round tables or case conferences? What support would you need from nursing staff/medical staff/the institution?