# Forms of Care: Interview guide staff members in palliative care team

**Introduction**

* *Outline study aims and objectives*
* *Explain how interview sits within the larger ethnographic study*
* *Clarify anonymity/pseudonyms/right to stop and/or withdraw without any consequences*
* *Consent*

**Interview questions**

* **Work history**; How/why did they get into palliative care; what palliative care means to them; how other medical experience plays into their practice
* **Role/function** in (relation to) the palliative care team; differences between hospital and community; different values?
* What makes the work they do **‘specialist’ palliative care**, and to what extent this is something that is in need of ‘protection’?
* **Multidiscplinary Team Meetings (MDTs)**:
  + What is the purpose of an MDT?
  + What makes a complex case/how they determine what to bring to the MDT?
  + What are they hoping to get out of a complex case discussion?
* Details on their **everyday** **work**:
  + How do they go about their daily work; what is difficult/challenging; how do they attempt to resolve this – ask for illustrative examples. Ask for specificities of their position/function.
* On **treatment and** **‘not doing’**:
  + Their take on the suggestion that palliative care is about no longer doing anything for the patient/Ask to reflect on our general research premise about non-interventions: what does it mean to them, does it resonate or not?
  + What does ‘appropriate’ treatment mean to them – ask for examples.
  + Example of when you might decide not to provide an intervention or treatment for a patient? What do they do? How is this decided?
  + Do they come across situations in which there are different views on whether to continue treatments – ask for examples
  + Examples of how they encounter ‘no doing’ in their work; what is difficult/challenging; how do they attempt to resolve this – ask for illustrative examples.
  + Reflect on the word use that is used to describe these changes (e.g. stop, waiting, withdrawing, withholding). Query language around ‘active treatment’, ‘doing nothing’/‘trying everything’ and ‘withdrawing care/withholding treatment’, and how they encounter/challenge this in their daily work – ask for examples.
* On **‘interventions’**: what counts as an interventions; how do they think about interventions in relation to palliative care?
* Draw on **observations** observations and/or informal conversations I have conducted with the staff member: query particular situations and decisions in relation to stopping/not starting treatment/interventions; draw out alternative practices
* Outline and reflect on their involvement in a **patient case that they are proud** of. Query why; what did they do?