

## **APPENDIX 1 INTERVIEW GUIDE**

### **Health care professionals (HCPs)**

I	Needs and limitations	<p>In case of a patient with limited lifetime expectancy (less than one year) due to terminal illness or very advanced age:</p> <ol style="list-style-type: none"><li>1. To what extend can you imagine a consultation with you or a colleague to discuss cessation of certain medicines?</li><li>2. What could be reasons to do a medication review?</li><li>3. What factors limit you or your colleague to do such a medication review?</li><li>4. What helps you or your colleagues to have such a conversation?</li><li>5. What do you consider easy or difficult when discussing tapering medication use in this context?</li></ol>
II	Practical process	<ol style="list-style-type: none"><li>1. How could medication review and subsequent deprescription fit in the daily care processes?</li><li>2. What steps would you take when considering deprescribing?</li><li>3. What medication would you consider stopping and why?</li><li>4. How do you decide what medication to select for deprescribing?</li></ol>
III	Identification of patients and timing	<ol style="list-style-type: none"><li>1. Who are eligible for medication review?</li><li>2. When is deprescription appropriate? Does timing differ for specific medicines?</li><li>3. How do you or would you integrate the context of limited life expectancy?</li><li>4. How can you select patients for medication review?</li></ol>
IV	Roles and responsibilities	<ol style="list-style-type: none"><li>1. To what extend are you equipped with enough knowledge and skills to perform deprescribing?</li><li>2. Who do you consider most appropriate to perform the process of deprescribing?</li></ol>

		<ol style="list-style-type: none"> <li>3. Could you indicate the desirable role division for this process?</li> <li>4. Do you envision a role for practice nurses, pharmacists, or other care providers?</li> </ol>
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### **Patients and caregivers**

I	Needs and limitations	<p>Imagine, yourself or a loved one to have limited lifetime expectancy (less than one year) due to terminal illness or very advanced age:</p> <ol style="list-style-type: none"> <li>1. Would you consider when your medication is then reviewed by an HCP expert?</li> <li>2. To what extend can you imagine a consultation with an HCP to discuss cessation of certain medicines, for example when the risk of harm outweigh the benefits?</li> <li>3. What factors limit you to have such a conversation</li> <li>4. What helps you to have such a conversation?</li> <li>5. What do you consider easy or difficult when discussing tapering medication use in this context?</li> </ol>
II	Practical process	<ol style="list-style-type: none"> <li>6. How would you like consultations about medication use to take place?</li> <li>7. Where would you want these conversations about medication use to take place (at home, at the general practice, ...)?</li> </ol>
III	Identification of patients and timing	<ol style="list-style-type: none"> <li>8. When do you consider it to be appropriate to discuss medication use?</li> <li>9. To what extend do you have an idea which medicines could be appropriate to stop and why?</li> </ol>
IV	Roles and responsibilities	<ol style="list-style-type: none"> <li>10. Who would you prefer to discuss medication use with? Consider for example your GP, practice nurse, pharmacist, medical specialist, ...</li> <li>11. Who would you not like to discuss medication use with?</li> </ol>

