

APPENDIX 1 (Part 1 of 2). Consolidated criteria for reporting qualitative studies (COREQ) checklist.

Item	Guide Questions/Description	Notes
Domain 1: Research team and reflexivity		
<i>Personal characteristics</i>		
Interviewer/facilitator	Which author/s conducted the interview or focus group?	First author and research assistant
Credentials	What were the researcher's credentials? <i>e.g. PhD, MD</i>	4 PhD, 1 MSc, 1 BSP
Occupation	What was their occupation at the time of the study?	5 researchers, 1 practitioner
Gender	Was the researcher male or female?	5 female, 1 male
Experience and training	What experience or training did the researcher have? What was their approach to reflexivity?	4 have experience with qualitative research. The researchers' own views of MAiD practice were discussed. Their views of research findings were discussed at each stage of the research process. The team documented discussions, assumptions, decisions, and interpretations in research notes and detailed memos. This process illuminated reflections on previous research and how they related to the research question, not reflections on the researchers' own ideas about MAiD.
<i>Relationship with participants</i>		
Relationship established	Was a relationship established prior to study commencement?	2 researchers are members of the pharmacy community in the province. Procedures were designed with consideration of relationships with participants, including recruitment, interviews, and prior access to data, to ensure confidentiality and to respect privacy of the participants.
Participant knowledge of the interviewer	What did the participants know about the researcher? <i>e.g. personal goals, reasons for doing the research</i>	Reasons for doing the research study.
Interviewer characteristics	What characteristics were reported about the interviewer/facilitator? <i>e.g. bias, assumptions, reasons and interests in the research topic</i>	Reasons and interest in the research topic – prior research in the area; this work is part of a larger international collaboration. None of the team members had professional experience with MAiD practice.
Domain 2: Study design		
<i>Theoretical framework</i>		
Methodological orientation and theory	What methodological orientation was stated to underpin the study? <i>e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis</i>	Constructivist approach; modified framework analysis applying 8 dimensions identified in previous research by the authors and thematic analysis using constant comparison.
<i>Participant selection</i>		
Sampling	How were participants selected? <i>e.g. purposive, convenience, consecutive, snowball</i>	Convenience sample
Method of approach	How were participants approached? <i>e.g. face-to-face, telephone, mail, email</i>	Information was distributed to pharmacists via CSHP branch newsletters and social media. In addition, information was provided to pharmacy managers by the research team. Information sessions were provided by members of the research team at various AHS, by invitation.
Sample size	How many participants were in the study?	19 pharmacists
Non-participation	How many people refused to participate or dropped out? Reasons?	None

Appendix to: Schindel TJ, Woods P, Mey A, King MA, Gray M, Navarrete J. Hospital pharmacists' experiences with medical assistance in dying: a qualitative study. *Can J Hosp Pharm.* 2022;75(4):294-301.

APPENDIX 1 (Part 2 of 2). Consolidated criteria for reporting qualitative studies (COREQ) checklist.

Item	Guide Questions/Description	Notes
<i>Setting</i>		
Setting of data collection	Where was the data collected? <i>e.g. home, clinic, workplace</i>	Interviews held at locations selected by participants (offices, private meeting rooms; Skype).
Presence of non-participants	Was anyone else present besides the participants and researchers?	No
Description of sample	What are the important characteristics of the sample? <i>e.g. demographic data, date</i>	Characteristics of the sample are outlined in Table 1.
<i>Data collection</i>		
Interview guide	Were questions, prompts, guides provided by the authors? Was it pilot tested?	See Appendix 2. Questions were not pilot tested. Questions were designed based on the first phase of the research conducted in Australia. ¹
Repeat interviews	Were repeat interviews carried out? If yes, how many?	No
Audio/visual recording	Did the research use audio or visual recording to collect the data?	Audio recording
Field notes	Were field notes made during and/or after the interview or focus group?	No
Duration	What was the duration of the interviews or focus group?	Interviews ranged in length from 30 to 78 minutes (average 47 minutes).
Data saturation	Was data saturation discussed?	Yes, saturation of the dimensions.
Transcripts returned	Were transcripts returned to participants for comment and/or correction?	Yes, transcripts were offered to all participants; 14 participants requested transcripts; 1 replied with additional information.
Domain 3: Analysis and findings		
<i>Data analysis</i>		
Number of data coders	How many data coders coded the data?	3 team members
Description of the coding tree	Did authors provide a description of the coding tree?	Yes, see Appendix 3.
Derivation of themes	Were themes identified in advance or derived from the data?	Themes were derived from the data.
Software	What software, if applicable, was used to manage the data?	Quirkos and Microsoft Excel
Participant checking	Did participants provide feedback on the findings?	No
<i>Reporting</i>		
Quotations presented	Were participant quotations presented to illustrate the themes / findings? Was each quotation identified? <i>e.g. participant number</i>	Yes, see Table 2.
Data and findings consistent	Was there consistency between the data presented and the findings?	Yes, see Results.
Clarity of major themes	Were major themes clearly presented in the findings?	Yes, see Results.
Clarity of minor themes	Is there a description of diverse cases or discussion of minor themes?	1 diverse case

AHS = Alberta Health Services, CSHP = Canadian Society of Hospital Pharmacists, MAiD = medical assistance in dying.

Reference

1. Woods P, King MA, Mey A, Schindel TJ. "If I were to do this, how would I experience it?" Developing a theoretical framework for exploring pharmacists' practice in the domain of assisted dying. *Res Social Adm Pharm.* 2021;17(4):685-93.

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APPENDIX 2. Interview guide.

The interview questions were grouped into topics. Not all questions were asked of each research participant or asked in the order indicated below.

Topic	Questions
Opening	Tell me about your practice.
Experiences with MAiD	Tell me about your role in MAiD. Tell me about your decision to provide care for patients requesting medical assistance in dying. Are there particular MAiD experiences that are prominent in your mind? Tell me about your experience of MAiD with a focus on professional/personal responsibility. Do you think the experience of responsibility might be the same or different from more mainstream pharmacy practice? Do you think responsibility toward family members (of MAiD patients) or members of the health care team might be the same or different from other aspects of your pharmacy practice?
MAiD practice in the context of everyday pharmacy practice	How do you think MAiD practice fits into the day-to-day practice context of your pharmacy (department)? How do the pharmacy staff members as a whole integrate this type of practice into your workplace? How do you collaborate with other MAiD team members (physicians, nurse practitioners, pharmacy colleagues)? What experiences or challenges do you prepare for so as to make implementation as smooth as possible?
Emotions and support	How are emotional experiences related to your practice in MAiD the same or different from other areas of practice? How did you prepare for this role? What challenges have you encountered? What supports have you received? How do you approach supporting your staff/colleagues in this practice area? If you were advising a pharmacist friend/colleague, how would you help them prepare for practising in the MAiD area?
Closing	Is there anything else related to your experiences with MAiD that you would like to share? Is there anything you would like to ask? Would you like to review the transcript of your interview?

MAiD = medical assistance in dying.

APPENDIX 3 (Part 1 of 3). Dimensions applied in the framework analysis.

Dimension	Description	Codes
Distal ↔ Proximal	Location of the pharmacist in relation to the MAiD provision in relation to the patient, patient's family, and other team members	Distal <ul style="list-style-type: none"> • Distal – to the physician • Distal – to the patient • Distal – to the nurses • Distal – to the family Proximal <ul style="list-style-type: none"> • Proximal – to the physician • Proximal – to the nurses • Proximal – to the patient or family • Proximal – to the MAiD team (CCS)
Individual work ↔ Teamwork	Pharmacists' roles in relation to other health care professionals caring for the same patient	Individual work Teamwork <ul style="list-style-type: none"> • Teamwork – other health care professionals • Teamwork – pharmacy

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APPENDIX 3 (Part 2 of 3). Dimensions applied in the framework analysis.

Dimension	Description	Codes
Non-complex ↔ Complex	Pharmacists' roles in the MAiD process	<p>Non-complex</p> <ul style="list-style-type: none"> • Non-complex – involvement • Non-complex – need for improvement (process) • Non-complex but dynamic (patient) • Non-complex but dynamic (physician) • Non-complex but dynamic (procedure and policy) <p>Complex</p> <ul style="list-style-type: none"> • Complex – patient • Complex – emotionally • Complex – staff • Complex – time • Complex – involvement • Complex – unfamiliar procedure
Organizational momentum ↔ Personal choice	Whether there is an existing momentum or perceived necessity to participate versus an established process or choice to participate in MAiD	<p>Organizational momentum</p> <ul style="list-style-type: none"> • Existing momentum <p>Personal choice</p> <ul style="list-style-type: none"> • Personal choice – information needed to make or reassure choice • Personal choice – but feeling pressure • Personal choice – influenced by current legislation • Personal choice – influenced by experiences • Personal choice – influenced by work environment
Technical ↔ Clinical	Balance of technical and clinical aspects of the role	<p>Technical</p> <p>Clinical</p> <p>Administrative</p>
Transactional ↔ Relational	Essence of the role in relation to the material, social, relational, and spiritual aspects of MAiD	<p>Transactional</p> <p>Relational</p>
Unfamiliar ↔ Familiar	Pharmacists' familiarity with MAiD and the patients seeking MAiD	<p>Unfamiliar</p> <p><i>Process:</i></p> <ul style="list-style-type: none"> • Unfamiliar – first time (provision) • <i>Patient and family:</i> • Unfamiliar – own site • Unfamiliar – another site • Unfamiliar – first provision <p>Familiar</p> <p><i>Process:</i></p> <ul style="list-style-type: none"> • Familiar – previous experience • Familiar – others' experiences • Familiar – previous knowledge • Familiar – previous knowledge unrelated to MAiD • <i>Patient and family:</i> • Familiar – own site • Familiar – patient from previous practice

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Dimension	Description	Codes
Unsupported ↔ Supported	Support for pharmacists engaging in MAiD	<p>Unsupported</p> <ul style="list-style-type: none"> • Unsupported – awareness of pharmacists’ roles • Unsupported – emotionally • Unsupported – process • Unsupported – decision-making • Unsupported – staff and scheduling • Unsupported – closed (about MAiD) <p>Supported</p> <ul style="list-style-type: none"> • Supported – generally • Supported – personally • Supported – emotionally • Supported – professionally • Supported – information (patient) • Supported – supporting others • Supported – open (about MAiD)

CCS = Care Coordination Service, MAiD = medical assistance in dying.

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