

Supplementary files:**Supplementary file 1: Survey Translation (from French)**

- I- My profile:
1. I am a member of the SFAP (French Association For Palliative Care):
 - Yes
 - No
 2. My age:
 - Under 30 years old
 - Between 31-45 years old
 - Between 45-60 years old
 - Over 60 years old
 3. I am:
 - A nurse assistant
 - A volunteer
 - A nurse
 - A physician
 - A psychologist
 - A social worker
 - Another care provider
 - Other (please give additional details)
 4. I work, or worked in palliative care:
 - Yes
 - No
 5. My main place of work is a:
 - Palliative care unit
 - Mobile palliative care consultation service
 - Palliative care network
 - Identified palliative care beds
 - Hospital at home
 - Nursing home
 - Other hospital ward
 - Other (please give additional details)
 6. My experience in palliative care is :
 - Under 2 years
 - Between 2_ and 10 years
 - Over 10 years
 7. My working environment is:
 - Mainly urban
 - Mainly rural
 - Mixed
- II- My opinion regarding the current legal framework:

The current French law regarding the end-of-life, including the Claeys Leonetti law of 2016, stipulates:

- The obligation to respect the patient's will, even when the patient is unable to express it (it is mandatory to follow the patient's advance directives, to collect the power of attorney

testimony or, when no power of attorney has been designated, to consult the patient next of kin).

- The obligation of health care professionals to pursue every way to alleviate the patient's suffering by forcing the physician to start analgesic treatments and sedative treatments to address refractory sufferings in advanced or terminal situations, even if they might shorten the patient's life.
- The obligation to answer to a request of profound and continuous sedation until death in specific situations.
- The obligation of doing a collegiate procedure and multidisciplinary deliberation in some situations before any medical decision.
- The ban of unreasonable obstinacy and defined artificial nutritional and artificial hydration as treatments that can be stopped.

The current legal framework bans euthanasia and assisted suicide.

8. About the current legal framework, I would say:
 - I know it precisely
 - I roughly know it
 - I do not know it
 9. In my professional exercise, I have the experience of situations that are questioning regarding the current legal framework
 - Yes
 - Sometimes
 - No
 - Not concerned
 10. According to me, the current legal framework is known by...
 - a. The patients
 - Precisely
 - Roughly
 - Not known
 - I do not know
 - b. The public:
 - Precisely
 - Roughly
 - Not known
 - I do not know
 - c. The majority of healthcare professionals:
 - Precisely
 - Roughly
 - Not known
 - I do not know
 11. Is the current legal framework satisfactory?
 - Yes
 - No
 - I do not know
 12. I want to give a precision: (*open question*)
- III- My opinion on the development of palliative care:

The Minister of health has announced a new plan for the development of palliative care. The SFAP (French Society for Palliative Care) takes part in it. The main objective of this plan is to enable access to early and quality palliative care for all and everywhere as intended by the law.

13. What do I expect from this plan? (*open question*)
 14. According to me, what are the concrete priority actions to improve palliative care support to patients? (*open question*)
- IV- My opinion about the legislative debates and current discussions:

The 8 April 2021, 240 deputies adopted article 1 of a law proposed by Mr. Falorni (40 voted against). This article aimed to establish a right to “medical assistance allowing an active assistance in dying”.

In the proposed law, the parliamentarians intended euthanasia and/or assisted suicide as an “active assistance in dying”.

The law was not adopted due to a lack of time. A group of 300 deputies (on the 577 deputies) from various political groups demanded that the Prime Minister reschedule the vote for the end of the year.

The content of the law proposed by Mr. Falorni included the obligation to a physician to prescribe or give a lethal product to the patient, at its request and following a rapid procedure or to address “immediately” the patient to a physician that would do so.

15. The legislative debates from the beginning of this year:
 - a. I heard about it:
 - Yes
 - No
 - b. I followed them:
 - Yes
 - No
16. I am in favor of a law that would establish an “active assistance in dying” (**mandatory question**):
 - Yes
 - Conditional yes
 - No
 - I have no opinion
17. I want to give a precision: (*open question*)
18. In my opinion, the main reasons for legalizing “active assistance in dying” are: (*open question*)
19. I believe that a law legalizing “active assistance in dying” will be voted:
 - Certainly
 - Probably yes
 - Probably no
 - Certainly No
20. Independently from my personal opinion, if the law had to evolve, what would be better (**mandatory question, multiple answers are possible**):
 - Euthanasia
 - Assisted suicide assisted by a medical team
 - Assisted suicide assisted by an association (such as in Switzerland)
 - Assisted suicide with prescription of a lethal drug to the patient (such as in Oregon)
 - I do not know

21. I want to give a precision: (*open question*)
22. According to me, if “active assistance in dying” had to be provided by the palliative care teams, I think that the impact on my team would be (multiple answers are possible):
- No impact
 - Risk of resignation of professionals
 - Risk of tensions / divisions
 - Relieving / Satisfaction
 - Not concerned
23. According to me, if “active assistance in dying” had legally to be provided by the palliative care teams, this would have an impact on my professional life:
- I do not know
 - No, I do not think so
 - I would use my conscience clause and remain in my current position
 - It could lead me to quit my job
 - Not concerned

Supplementary file 2: Table of the sociodemographic variables associations with the opinion on a modification of the current legal framework for legalizing medical assistance in dying.

		SFAP membership			Age				
		Yes (N=623)	No (N=812)	Khi2 ; ddl (p)	< 30 yo (N=79)	31-45 yo (N=433)	46-60 yo (N=503)	> 60 yo (N=420)	Khi2 ; ddl (p)
In favour of legalizing MAID	Yes	154 (24.7%)	299 (36.8%)		15 (19%)	114 (26%)	128 (25%)	127 (30%)	
	No	469 (75.3%)	513 (63.2%)		64 (81%)	319 (74%)	375 (75%)	293 (70%)	
				0.47 ; 1 (p=0.49)					6.6 ; 4 (p=0.16)

Supplementary file 3: Table of the professional variables associations with the opinion on a modification of the current legal framework for legalizing medical assistance in dying.

		Professional experience in palliative care				Experience of situations that were at the edge of the current legal framework *			
		< 2 years (N=139)	2-10 years (523)	> 10 years (N=519)	Khi2 ; ddl (p)	Yes (N=304)	Sometimes (N=658)	No (N=284)	Khi2 ; ddl (p)
In favour of legalizing MAID	Yes	41 (29.5%)	135 (25.8%)	139 (26.8%)		87 (28.6%)	164 (24.9%)	76 (26.7%)	
	No	98 (70.5%)	388 (74.2%)	380 (73.2%)		217 (71.4%)	494 (75.1%)	208 (73.2%)	
					0.77 ; 2 (p=0.68)				1.5 ; 2 (p=0.47)

* 179 participants felt this item was not applicable to their work environment.

