

Table 1. Categorization of interview content according to Bardin Content Analysis technique.

Categories	Subcategories	Registration units
AD as elements of moral conflict	Paternalistic attitude in decision making	P5: “(...) arises the feeling of insecurity, I find it interesting coming from the patient’s initiative, but arises a certain insecurity, because it is a lay person talking about technical things (...)”
		P6: “(...) many families want something and we, as professionals, may have a keener view of what that thing will bring.”
	Insecurities related to AD in context of uncertain prognoses	P5: “(...) the document itself would influence me in an emergency situation, but if that was the one thing I was going to use... I would have to see the context of the situation there, if there is a reversible emergency condition, what is to be addressed at that time.”
		P7: “One thing that always bothers me is this doubt, how much of what is written there is in fact happening with the patient in front of you, and

		<p>sometimes you may not do something you should have done. It's an ethical dilemma that has no solution.”</p>
	<p>Uncertainty about AD validity when considering patient values and motivations to write the document</p>	<p>P1: “It makes me think that this person has something in his past that motivated him to do that, I would like to know what it is”</p> <p>P5: “(...) I think it depends on who this patient is, the functionality he has, his health history, his life story before that emergency.”</p> <p>P6: “(...) maybe in his mind is not clear or even biased by issues that he experienced, his life experience, people who died from heart disease or who had sequelae of interventions and he had witnessed and lived with these situations, and this has perhaps impacted negatively in him, in his experience, changing his view about the benefit of certain resources he could use and be benefited.”</p> <p>P7: “(...) perhaps at the time [1994] his perception of this type of intervention was different.”</p>

		P8: “It's just that I think people throughout their lives can change their minds. So sometimes ... it makes me think that maybe over time he had changed his mind, had changed his perception (...)”
	The little previous knowledge about AD bringing discomfort to physician	P1: “I am not comfortable with this, because it is not a common document that you see in day-to-day life, by the way, it is an extremely unusual document, in 28 years of profession and I had never seen such a document, this is the first time I see one (...)” P2: “(...) It's not usual for us to see this kind of thing, so sometimes we're not even used to it, you might even be a little scared, or feel a little embarrassed about it (...)”
Recognition of AD as instruments that exercises patient autonomy	Autonomy as a <i>prima facie</i> principle	P8: “If he came into respiratory failure, I would not intubate him, and what else he says here [reading AD], ‘prolonged by life support technologies’, I wouldn’t intubate him, but this question here ‘I want to leave conscious’, maybe I wouldn’t do something to sedate him, I don’t know, I would understand that way. As he says, ‘I want to leave conscious to the other side

		<p>of life', I think that to do something to reduce his level of consciousness, promote that, maybe I wouldn't do, also I wouldn't intubate him."</p>
	<p>Shared autonomy</p>	<p>P2: "(...) I think that the most important thing is the participation of family in the decision, because I don't think it's only my decision or theirs, it's a common decision, you can't leave this responsibility just for the family, you can't decide it alone ."</p> <p>P3: "(...) I would fully respect his decision and I would call him to participate in what was instituted for diagnostic and therapeutic plan."</p> <p>P4: "My first conduct would be to respect his will, I think I would do less invasive measures, if it were appropriate, you know, to avoid doing what he expressly put on paper as much as he verbalized me, so I wouldn't intubate, I wouldn't bring him to an ICU, unless it was a decision shared with him and I would proceed carefully as he asks for."</p>

		<p>P7: “(...) a certain comfort that the patient does not want advanced supportive measures at risk of surviving major sequelae, so that somehow even facilitates.”</p>
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