Supplementary Material

Appendix 1. Interview guide

A. Introduction

- Introduction of the researcher.
- Presentation of the research project: we aim to explore emergency department healthcare professionals' experiences of patient resistance to care among older adults with neurocognitive disorders.

In this study, we define **resistance to care** as any behaviour, not necessarily directed, displayed by a person for whom there is serious doubt about their capacity to consent to care, in a context of neurocognitive disorders, whether acute, chronic, known, or suspected, even if it has not been formally diagnosed.

It differs from **refusal of care**, which refers to a well-informed decision by a person who understands the consequences and maintains that decision over time. This may include, for example, refusal of blood transfusion by a Jehovah's Witness. It is also distinguished from a conflictual situation (disagreement regarding care, dissatisfaction with waiting time, etc.).

- Regulatory information: data collected will be anonymised; the interview may be interrupted at any time; withdrawal from the study is possible at any time; recordings will be stored securely and then destroyed once transcription/coding has been completed.
- Signature of consent for recording and participation in the study.
- Sample characteristics: gender, age group (21–25 years; 26–30 years; 31–35 years, etc.), professional category (physician / registered nurse), type of hospital (district hospital / university hospital, etc.), length of service in the department (1–5 years; 6–10 years; 11–15 years, etc.), experience of working in the emergency medical service (yes / no).
- Throughout the interview, we will place ourselves in the context of an appropriate emergency department presentation, that is, a situation in which, in the absence of appropriate care, the patient's physical, psychological, or social condition deteriorates very rapidly. We will use the term "resistance to care" according to the definition given above.

B. Interview

1. Approximately how many such situations of resistance do you encounter per week among older adults?
2. In general, how comfortable do you feel in the face of such situations of resistance? Why?
3. Could you tell me about the most recent situation of resistance to care that you experienced involving an older adult with neurocognitive disorders? Was this situation difficult for you? Why?
4. How did the doubt regarding this person's decision-making capacity manifest for you? How did you try to resolve this doubt?
5. Were there any factors that helped you in the care process for this patient? What factors may have been an obstacle?

6. Because of the resistance, did you perceive the severity of this person's situation differently from that of a person in a similar situation but without resistance? Or from that of an older adult expressing a refusal of care? Why?
7. Did this situation call into question your caregiving values? Why?
8. In your view, what was this person's experience of the situation?
9. If you had a student who was faced with a similar situation of resistance to care to the one you experienced, what ethical advice would you want to give them?

C. Acknowledgements

- Thank you for participating in the interview.
- Offer to keep the participant informed of the results.

D. At the end of the interview

- Summary of the interview and the participant's feelings about the interview.

Appendix 2. COREQ checklist

No	Item	Guide questions/description	Reported on
Domain 1: Research team and reflexivity			
Personal Characteristics			
1	Interviewer/facilitator	Which author/s conducted the interview or focus group?	LA conducted the interviews, as reported in the "methods" section.
2	Credentials	What were the researcher's credentials? e.*g. PhD, MD*	About the authors
3	Occupation	What was their occupation at the time of the study?	Geriatric MD and master's student (2nd year)
4	Gender	Was the researcher male or female?	Female
5	Experience and training	What experience or training did the researcher have?	Beginner
Relationship with participants			
6	Relationship established	Was a relationship established prior to study commencement?	There are no relationships to disclose that could affect the integrity of the interviews. The recruitment process is reported in the "methods section".
7	Participant knowledge of the interviewer	What did the participants know about the researcher? *e.g. personal goals, reasons for doing the research*	During a pre-consent interview,

			participants were informed of the researcher's position and the objectives of the research being conducted as part of a master's program in ethics, as reported in the "methods" section.
8	Interviewer characteristics	What characteristics were reported about the interviewer/facilitator? *e.g. Bias, assumptions, reasons and interests in the research topic*	Methods
Domain 2: Study design			
Theoretical framework			
9	Methodological orientation and Theory	What methodological orientation was stated to underpin the study? *e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis*	Methods
Participant selection			
10	Sampling	How were participants selected? *e.g. purposive, convenience, consecutive, snowball*	Methods
11	Method of approach	How were participants approached? *e.g. face-to-face, telephone, mail, email*	Methods
12	Sample size	How many participants were in the study?	Methods
13	Non-participation	How many people refused to participate or dropped out? Reasons?	Methods
Setting			
14	Setting of data collection	Where was the data collected? *e.g. home, clinic, workplace*	Methods
15	Presence of non-participants	Was anyone else present besides the participants and researchers?	Methods
16	Description of sample	What are the important characteristics of the sample? e.g. demographic data, date	Results
Data collection			
17	Interview guide	Were questions, prompts, guides provided by the authors? Was it pilot tested?	Methods
18	Repeat interviews	Were repeat interviews carried out? If yes, how many?	Methods
19	Audio/visual recording	Did the research use audio or visual recording to collect the data?	Methods
20	Field notes	Were field notes made during and/or after the interview or focus group?	Methods

21	Duration	What was the duration of the interviews or focus group?	Methods
22	Data saturation	Was data saturation discussed?	Methodss
23	Transcripts returned	Were transcripts returned to participants for comment and/or correction?	To avoid social desirability bias, the interviews were not returned, as reported in the "methods" section.
Domain 3: Analysis and findings			
Data analysis			
24	Number of data coders	How many data coders coded the data?	Methods
25	Description of the coding tree	Did authors provide a description of the coding tree?	Results and explanatory model
26	Derivation of themes	Were themes identified in advance or derived from the data?	Methods and results
27	Software	What software, if applicable, was used to manage the data?	Methods
28	Participant checking	Did participants provide feedback on the findings?	Methods
29	Quotations presented	Were participant quotations presented to illustrate the themes/findings? Was each quotation identified? *e.g. participant number*	Results
30	Data and findings consistent	Was there consistency between the data presented and the findings?	Results and discussion
31	Clarity of major themes	Were major themes clearly presented in the findings?	Results and discussion
32	Clarity of minor themes	Is there a description of diverse cases or discussion of minor themes?	Result and discussion

Developed from: Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*. 2007. Volume 19, Number 6: pp. 349 – 357