

Table I. The four clinical scenarios and statements used in the online survey.

Scenario 1	Statements
Adam is a 15 year old boy who was just diagnosed with bone cancer and lung metastasis. His parents preferred to tell Adam themselves about the cancer in his leg but do not want to reveal to him about cancer spreading to his lungs.	<ol style="list-style-type: none"> 1) You think parents are wrong. You want to inform Adam about the metastasis. 2) You follow parents' decision and do not tell Adam his whole diagnosis when he asks.
Adam has a very challenging time with toxicities from chemotherapy. Following treatment assessments, the cancer is not responding. His oncologist suggests second line chemotherapy and his parents agree to it. Adam is angry about disease progression and is reluctant for further treatment. He is otherwise clinically well.	<ol style="list-style-type: none"> 3) You feel Adam's life can be prolonged and start second line chemotherapy as planned. 4) You feel his parents should be informed of the now poorer prognosis from this second line chemotherapy. 5) You feel Adam should know of the now poorer prognosis from this second line chemotherapy
After 3 cycles of the second line of chemotherapy, Adam's cancer did not respond as hoped for and there is no more treatment for his cancer. His parents were told but does not want Adam to know yet.	<ol style="list-style-type: none"> 6) Adam should be told that his cancer is not responding to treatment if he asks. 7) Adam should be told that his cancer is not responding to treatment if he asks even if his parents do not allow it
Adam continues to have escalating cancer pain and his requirement of morphine is rapidly increasing in response to his worsening pain	<ol style="list-style-type: none"> 8) Today Adam received, by accident, a larger dose of morphine than prescribed but suffered no harm from that dose. You don't informed his parents about this incident. 9) Adam should not be told if a trial of placebo pain medication is given. 10. After his parents were informed, Adam can be given a trial of placebo pain medication
Scenario 2	Statements
You are caring for 3 year old girl with an unusual presentation to an illness that will have to be treated over several months. Her young parents are worried.	<ol style="list-style-type: none"> 1) This girl's grandparents want to know what is wrong with her. You tell them. 2) Her parent's close friends visit and want to know what is wrong with her. You tell them. 3) You could become friends with parents on social media if they asked you to. 4) You would feel obliged to support these parents and be friends on social media when they ask. 5) You could share the story of this girl (anonymised) with your friends. 6) You could share the story of this girl (anonymised) with your medical colleagues (paediatricians). 7) You would like to present her as a case study in your teaching/ lectures/ talks. You don't need parents permission if maintain her anonymity and picture of her face covered.
Scenario 3	Statements
A 2 year old boy with mild cerebral palsy was admitted with severe pneumonia and was ventilated in PICU for a week. He had been on the ward for 2 weeks on BiPAP and weaned off oxygen yesterday. He is on medications to reduce secretions but he still needs intermittent suctioning of his oropharyngeal secretions. He is the only child of Indonesian parents. His parents cannot afford to buy a suction machine and the hospital social welfare can only help Malaysians financially. His parents want to take him home. Your ward is filling up.	<ol style="list-style-type: none"> 1) You discharge him and you advise parents to reposition him when they hear secretions pooling. 2) You do not discharged him till the secretion is resolved. 3) You feel you have to discharge him as his hospital bill is increasing. 4) You feel you have to discharge him as he is occupying an acute bed. 5) You want to crowd-fund/raise funds to buy him a suction machine.
Scenario 4	Statements

When the health care team decides life-sustaining treatment (LST) is not beneficial to a child with an incurable illness.	1) Parents have a right to demand to continue LST. 2) Not providing LST is ethically equivalent to withdrawing LST. 3) Withdrawing LST is unethical in a child with normal cognition. 4) Medical fluids and nutrition constitute a medical intervention that may be withheld or withdrawn for the same reasons that justify the medical withholding of other medical therapies. 5) Medications can be used to the extent needed to ensure comfort, even if they cause the patient to become obtunded and/or die.
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Table II. Paediatricians who would tell the truth when parents prefer or forbade it N=68

Age groups (N)	Strongly Agree' and 'Agree'. N (%)
30-39 years (N=24)	21 (87.5%)
40-49 years (N=25)	21 (84.0%)
Above 50 years (N=19)	13 (68.4%)

Table III. Responses to sharing patient's medical story without permission. N=68

Statements	YES, N(%)	NEUTRAL, N(%)	NO, N(%)
You could share the story of this patient (anonymised) with your friends.	5 (7.4%)	12 (17.6%)	51 (75.0%)
You could share the story of this patient (anonymised) with your paediatric colleagues.	39 (57.4%)	16 (23.5%)	13 (19.1%)
You could present this patient (anonymised with her face covered) in your lectures without parental permission.	15 (22.1%)	5 (7.4%)	48 (70.6%)

Table IV. Responses when interventions are not beneficial at the end-of-life. N=68

Statements	YES, N(%)	NEUTRAL, N(%)	NO, N(%)
Parents can demand life-sustaining therapies.	32 (47.1%)	16 (23.5%)	20 (29.4%)
Withholding is equivalent to withdrawal of life-sustaining therapies	22 (32.4%)	7 (10.3%)	39 (57.4%)
Fluid/Nutrition is a medical intervention same as other medical therapies that can be withheld	23 (33.8%)	2 (2.9%)	43 (63.2%)