**Appendix 1. The analytical framework of advance care planning among older cancer patients, their families, and healthcare professionals: by using the 5W1H method**

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| **5W1H** | **typology** | **Supported quotes** |
| 1. **WHO** made the decision? | 1-1 Individualistic decision-making | HCP06: Generally speaking, we prefer letting the patients decide on treatment because it is their body, after all. (37 y/o male oncologist)PT04: What life decisions do I have to make? Which of my two brothers will dare to decide? My two brothers still need to discuss this, but after the discussion, who will decide in the end? Then no, I'll do it myself. Just let me decide. (62 y/o female ovarian cancer patient) |
| 1-2 Collective decision-making | HCP08: This situation happens as family members have the right to speak for the patient. The siblings often argue fiercely over this [signing Do-Not-Resuscitation forms for patients]. If all the siblings showed up, all we could do is to communicate with them and then come up with a consensus. (50 y/o female head nurse) |
| 2. **WHAT** was discussed? | 2-1 Medical-related issues | HCP07: We briefly talk about it [the disease prognosis] with the patient... I would not tell him about metastases, how many tumors there are, or how much longer he might live. I indicate that I dislike talking about these because they are inaccurate. (43 y/o male oncologist)HCP08: We would confirm with the patient: “What do you want for your end-of-life? Do you wish to be intubated? Or do you prefer comfort care?” Once they know their poor disease prognosis, they often request to be comfortable at the end [of their life]. (50 y/o female head nurse) |
| 2-2 Non-medical related issues | HCP14: Once I attended one ACP that left a deep impression on my mind. Only the unwed daughter cared for the old lady, and the other three sons lived abroad… to be honest, it is evident that some families have a poor support system, and the patient doesn’t have much say in the medical decisions. (34 y/o female nurse)FY5: He [the patient] told his brothers and sisters that they don’t need to have a fancy funeral for him. Just make it simple. (50 y/o daughter from a lung cancer patient)PT02: When I was young [the 1970s], we would not discuss this [death and dying issues] with our parents as this would bring bad luck. Therefore, we would rarely bring this ACP up for discussion. (58 y/o female colon cancer patient) |
| 3. **WHEN** should the ACP conversation be initiated? | 3-1 Care plan for now | FY7: He [the patient] said he decided to receive chemotherapy because he wanted to show his daughter that her dad has struggled and fought the illness and was not scared. (57 y/o wife of a liver cancer patient) |
| 3-2 Care plan for a transitional period | HCP10: We will begin discussions with him [the patient] when he has not yet reached a severe situation. It is too late to discuss this [ACP] when he gradually becoming unconscious. When he has the decisional capacity, it makes sense to assist him in making a decision. (41 y/o female case manager)HCP06: We usually try to talk about it [the ACP] in advance. We do not leave it until the symptoms have begun to become unstable because, at that moment, the family member cannot do any preparation, whether it is psychological or physical. (37 y/o male oncologist) |
| 3-3 Care plan for the future | HCP11: if the patient is very painful and the prognosis is poor. He can plan his own life and future care. What kind of life he prefers can be mentioned when discussing with his loved one. Then write it down so that everyone can understand his wishes. (48 y/o male palliative care physician) |
| 4. **WHERE** to initiate the ACP conversation? From subject (patient) body position to its located area? | 4-1 Inner-body | FY6: They [patient’s brother and sister-in-law] all agreed with not implementing life-sustaining treatment for the patient during the terminal disease stage. They have experienced a tough time taking care of other dying relatives and addressing end-of-life issues related to them. Since the doctors suggested there is no curable treatment available, then we should let the patient go peacefully. (65 y/o wife from a prostate cancer patient)PT09: I can feel this [disease progressed]. I need to be alert and make decisions [regarding end-of-life care] before I lose consciousness. (61 y/o female liver cancer patient)PT03: I told my wife: “After I die, do not make my funeral complicated. Unlike the older generation, I want a simple funeral. I do not need any religious ritual and a group to chant for me”. (58 y/o male lung cancer patient) |
| 4-2 Outer-body | HCP06: Before his death, he would have no regrets as we had treated him with all possible measures [at the hospital], which that could be beneficial. (37 y/o male oncologist)FY04: We requested that he [the patient] be allowed to die at home without the tubes [life-sustaining treatment]. We have a spare room and my sister-in-law felt reluctant to let him die away from home. We would bring him home and care by ourselves until his death. (80 y/o wife of a lymphoma patient) |
| 5. **WHY** was the decision made? | 5-1 For self | PT06: I would say no to all [of the life-sustaining treatments]. This is because I know that my ribs will be broken if I receive an electric shock [Automated External Defibrillator]. And if I am intubated, I will rely on that tube to live. It is meaningless and a waste of resources. (66 y/o male lung cancer patient) |
| 5-2 For others | PT09: I do not want to burden others. I do not want my kids to come and take care of me. I do not want my disease to influence their jobs. Actually, I did not tell my parents [about my illness] as I did not want to upset them. (61 y/o female liver cancer patient) |
| 5-3 For greater self | FY10: If it (treatment) does not work, I [the patient] am willing to die earlier, and if my organs can still be used, I hope that they can help someone else in need. It should cheer me up if I can still be of help. (41 y/o daughter of a liver cancer patient) |
| 6. **HOW** was the decision made? | 6-1 Autonomous decision-making | PT08: I’m telling you, listen to the patient’s wishes. I’ve always told my family you’re just stalling for time, and it can’t last very long. It doesn't make sense to spend money to get intubated and suffer, right? (62 y/o male oesophageal cancer patient) |
| 6-2 Shared decision-making (generate consensus after discussion) | PT04: After discussion, I prefer that the doctor initiate the discussion [ACP]. Three of my children and I should reach a consensus [on end-of-life care decisions]. (62 y/o female ovarian cancer patient) |
| 6-3 Substitute decision-making (hand over the right to physicians or family members) | PT03: I trust them [the physicians] a lot. If you ask me how much I trust them, on a scale of 1 to 100, I think almost 100. Because I've received excellent care, I'll just let the doctor decide if something unfortunate happens. (78 y/o male lung cancer patient)PT02: The patient should inform the family member:“I do not want these [life-sustaining treatments] if my disease progress and I lose consciousness.” You can speak for me and make decisions to let me die peacefully. (58 y/o female colon cancer patient) |