**Supplement**

**Supplementary Figure 1. Vignette 1**

Text

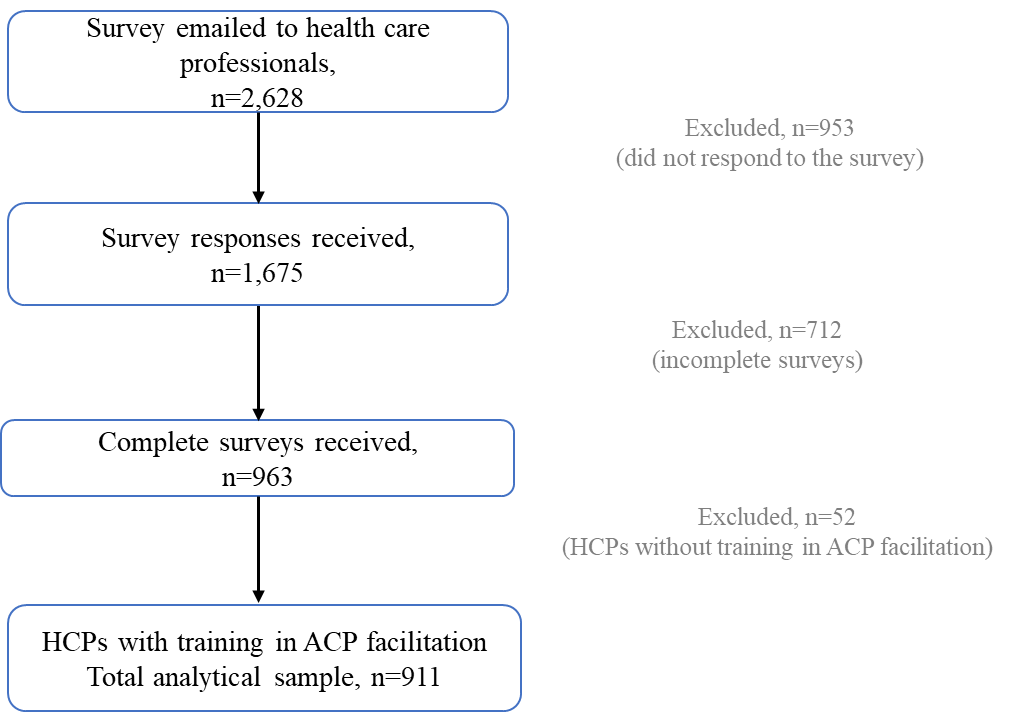
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**Supplementary Figure 2. Vignette 2**

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**Supplementary Figure 3. Flow chart of study participants**



**Supplementary Table 1. Participants conducting ACP in the last one year stratified by profession, n=911**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Physician** | **Non-Physician** | **p-value** | **Total** |
| Number of ACP facilitated in the last one year, n(%) |  |  |  |  |
| None | 58 (14.8) | 334 (85.2) | <0.01\* | 392 (43.0) |
| One or more | 131 (25.3) | 387 (74.7) | 518 (56.9) |
| No response | 0 (0) | 1 (100.0) | 1 (0.1) |
| Total | 189 (20.8) | 1. (79.3) |  | 911 (100.0) |

\* Chi-square test was used to test for statistical difference between the groups

**Supplementary Table 2. Association between conducting an advance care planning (ACP) conversation in the past one year and perceived barriers for doing so.**

|  |  |
| --- | --- |
|  | **Odds Ratio (95% CI)** |
| **HCP factors** |  |
| I do not have protected time to conduct ACP, n=909 | 0.71 (0.64, 0.79) \*\*\* |
| ACP facilitation is time-consuming, n=906 | 0.82 (0.73, 0.92) \*\*\* |
| ACP documentation is time-consuming, n=907 | 0.86 (0.77, 0.96) \*\* |
| It is not my role/job to facilitate ACP, n=905 | 0.55 (0.49, 0.62) \*\*\* |
| I do not feel confident in facilitating ACP conversations, n=906 | 0.49 (0.43, 0.56) \*\*\* |
| I do not see the benefit in doing ACP since it is never used to inform patients’ end-of-  life care, n=905 | 0.82 (0.71, 0.94) \*\*\* |
| I do not know enough about patient’s disease to facilitate ACP, n=906 | 0.73 (0.65, 0.83) \*\*\* |
| I fear ‘upsetting’ the patient and/or family, n=907 | 0.71 (0.62, 0.80) \*\*\* |
| ACP facilitation is not recognized and rewarded at my performance review, n=904 | 0.80 (0.73, 0.88) \*\*\* |
| **Patient-related factors** |  |
| Patient does not want to do ACP, n=907 | 0.98 (0.85, 1.13) |
| Patient has an uncertain prognosis, n=906 | 0.92 (0.80, 1.05) |
| I do not have a pre-existing relationship with patient, n=905 | 0.94 (0.85, 1.05) |
| Patient is not accepting of prognosis, n=903 | 1.05 (0.92, 1.21) |
| Patient’s life can be extended, n=901 | 0.85 (0.74, 0.97) \*\* |
| Patient has difficulty understanding pros and cons of life sustaining interventions, n=905 | 0.92 (0.80, 1.06) |
| **Caregiver-related factors** |  |
| No one can be identified as a nominated health care spokesperson for the patient, n=904 | 0.91 (0.80, 1.03) |
| Family fears ‘upsetting’ the patient, n=906 | 0.82 (0.71, 0.93) \*\*\* |
| Family feels that patient will not be able to understand ACP, n=906 | 0.79 (0.69, 0.91) \*\*\* |
| Family has difficulty accepting patient’s poor prognosis, n=905 | 0.85 (0.74, 0.98) \*\* |