Supplemental Table 2. Written comments for improving quality of death*a*

|  |  |
| --- | --- |
| Themes | N (%) |
| Decision making and DNR | 69 (53.5) |
| Respect patient’s autonomy in decision-making | 25 (19.4) |
| Separate place for patients and families after DNR placement | 18 (14.0) |
| Increasing family visits after DNR placement | 12 (9.3) |
| Earlier discussion and decision of DNR | 9 (7.0) |
| Active family participation in decision-making | 5 (3.9) |
| Communication with patients and their families | 25 (19.4) |
| Providing detailed information | 8 (6.2) |
| Honesty of information | 6 (4.7) |
| More frequent communication | 4 (3.1) |
| Staffs’ responsibility for communication | 3 (2.3) |
| Improving understanding of good death | 2 (1.6) |
| Detailed decision for each items on document | 1 (0.8) |
| Continuing communication with patient’s families after patient death | 1 (0.8) |
| Treatment and care | 14 (10.9) |
| More active sedation and pain control | 9 (7.0) |
| Refraining from invasive procedures or treatment | 5 (3.9) |
| Staff | 7 (5.4) |
| Consideration for mental health of staff | 4 (3.1) |
| Multidisciplinary approach in decision-making | 2 (1.6) |
| Staff education | 1 (0.8) |
| Other | 14 (10.9) |
| Official protocol for determining DNR | 10 (7.8) |
| Religious support for patient and family | 2 (1.6) |
| Upward adjustment of medical fee | 2 (1.6) |
| Total | 129 (100.0) |

DNR, do-not-resuscitate

*a*Multiple answers were allowed.