**Supplemental Digital Content Table 1***.* Background Literature

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| **Reference** | **Purpose** | **Sample/Setting** | **Method** | **Results** |
| Borovecki et al. (2022) | Examine correlations between different factors on withholding or withdrawing life-prolonging treatment and assisted suicide | Random sample of adults1,203 participantsCroatiaCommunity | Descriptive cross-sectional | Withhold life-prolonging treatment: 38.1% agreeWithdraw life-prolonging treatment: 37.8% agreed Withholding procedures should be regulated by law: 77% agreeYounger and middle-aged ones with higher education, living in big cities, and with a more liberal worldview were more likely to favor euthanasia.  |
| Yu (2022) | Examine community-dwelling older adults’ views on advance care planning | Random sample of older adults(N=282)Hong KongCommunity | Descriptive cross-sectional | Preferred advance care planning: 17% even after providing information. Were more likely to prefer having willsWere more likely to trust doctors rather than family members.  |
| Piette et al. (2022) | Identify barriers and facilitators experienced by parents in making end-of-life decisions for their infants | 23 parentsBelgiumneonatal intensive care unit | Qualitative study using  | Four themes related to barriers and facilitators: clinical knowledge and prognosis, quality of information, emotion regulation, and psychosocial environment. |
| Fu and Glasdam (2022) | Explore understanding of a good death in authorities, professionals, patients, relatives | 19 studiesMainland, ChinaEnd-of-life care settings | Scoping review | Three themes emerged: the medicalization of death, communication about death, and dying and death as socially dependent concepts. |
| Tuesen et al. (2022) | Explore patient and physician views on life-sustaining treatment conversation, based on Danish Physician Orders for Life Sustaining Treatment | 6 patients and 5 physicians from various age groups.Denmark healthcare settings | Qualitative study  | Six themes: timing, relatives are key persons, clarifying treatment preferences, documentation across settings, strengthening patient autonomy, and structure influences conversations. |
| Kim et al. (2021) | Evaluate end-of-life care planning intervention studies across the dementia trajectory | Setting: Diverse geographical locations with application to South Korea | Systematic review | In mild dementia: Interventions were documented discussions. Surrogates’ role was to listen.In advanced dementia. Surrogates were educated using discussions and materials with follow-ups to help make informed, shared decisions. |
| Hein et al. (2020) | Identify key components of pediatric advance care planning. | 7 bereaved parents, 15 care providersGermany, Care networks | Qualitative design | Five themes: discussions, documentation, implementation, timing, and participation of children and adolescents. |
| Nelson-Brantley et al. (2019) | Analyze literature on advance care planning in primary care, with a focus on rural settings | 30 studiesUnited StatesRural settings | Scoping review | Four steps for advance care planning: identification, conversation, documentation, and follow-up. |
| Rahemi & Williams (2020)  | Identify factors related to end-of-life care preferences and planning in general and ethnically diverse population of older adults. | 14 studiesUnited StatesCommunity | Systematic review | General factors: age, gender, education, knowledge, spiritual beliefs, health status, experience of loved ones’ death/end-of-life care, communication about end-of-life care preferences.Factors in diverse populations: race/ethnicity, family burden, support, family network, acculturation, healthcare distrust, acceptance of death. |
| Rahemi et al. (2019)Rahemi (2019) | Explore determinants of communication of end-of-life wishes and preferences in Iranian American older adults. | 135 older Iranian AmericansUnited StatesCommunity | Cross-sectional study | Preferred receiving care in hospital: 84.8%Predictors of home preference: Social support and number of cohabitants. An experience of loved ones’ death was a predictor of communication.Attitudes, acculturation, healthcare system distrust (positively) and spirituality (negatively) were associated with communication. |
| Rahemi & Parker (2021) | Investigate preferences regarding end-of-life care planning among young and middle-aged Iranian Americans. | 251 young and middle-aged Iranian AmericansUnited StatesCommunity | Cross-sectional descriptive  | Preferred hospitalization and intensive treatments; 57% Preferred comfort care: 41%, mostly preferred care at home.  |