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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 adults  1,203 participants  Croatia  Community | Descriptive cross-sectional | Withhold life-prolonging treatment: 38.1% agree  Withdraw life-prolonging treatment: 37.8% agreed  Withholding procedures should be regulated by law: 77% agree  Younger 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 Kong  Community | Descriptive cross-sectional | Preferred advance care planning: 17% even after providing information.  Were more likely to prefer having wills  Were 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 parents  Belgium  neonatal 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 studies  Mainland, China  End-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 providers  Germany,  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 studies  United States  Rural 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 studies  United States  Community | 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 Americans  United States  Community | 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 Americans  United States  Community | Cross-sectional descriptive | Preferred hospitalization and intensive treatments; 57%  Preferred comfort care: 41%, mostly preferred care at home. |