Supplementary Online Content


eAppendix. Additional Details of Study Methods and Results

eTable 1. Concordance Between Patients’ Expressed Preferences and Documented Goals

eTable 2. Concordance Between Family Members’ Expressed Preferences and Documented Goals

eFigure 1. CANHELP Satisfaction Scores (Patient Version)

eFigure 2. CANHELP Satisfaction Scores (Family Member Version)

This supplementary material has been provided by the authors to give readers additional information about their work.
A. Detailed inclusion criteria:

1. \( \geq 55 \) years or old \( \geq 1 \) of the following diagnoses:
   - Chronic obstructive lung disease - \( 2 \) of the following: baseline PaCO2 of \( \geq 45 \) torr; cor pulmonale; respiratory failure episode within the preceding year; forced expiratory volume in \( 1 \) s \( \leq 0.5 \) L.
   - Congestive heart failure - New York Heart Association class IV symptoms and left ventricular ejection fraction \( \leq 25\% \).
   - Cirrhosis - confirmed by imaging studies or documentation of esophageal varices and \( 1 \) of \( 3 \) conditions: a) hepatic coma, b) Child class C liver disease, or c) Child class B liver disease with gastrointestinal bleeding.
   - Cancer - metastatic cancer or stage IV lymphoma.
   - End-stage dementia (inability to perform all ADLs, mutism or minimal verbal output secondary to dementia, bed-bound state prior to acute illness)

B. Data collection procedures:
We collected standard baseline demographics, including preadmission health status (global rating question from Short Form-36),\(^1\) a brief frailty scale,\(^2\) comorbid illnesses scored using the functional comorbidity index\(^3\) and the Charlson comorbidity index,\(^4\) and health literacy scored using the REALM-R questionnaire. The REALM-R is a word recognition test consisting of \( 8 \) scored items used to identify people at risk for poor literacy skills.\(^5\) To measure patient and family ethnicity, we adopted an approach that categorized patients based on the extent to which individuals do not resemble the host majority phenotype in Canada (white) and the extent to which they speak the dominant languages in Canada (English or French), as proposed by Bejoy Thomas.\(^6\)

References

Table 1. Concordance Between Patients’ Expressed Preferences and Documented Goals

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Legend: *Taxonomy of documented goals are as follows:

1. Aggressive use of heroic measures and artificial life-sustaining treatments, including CPR, to keep me alive at all costs
2. Full medical care but in the event my heart stops, or my breathing stops, no CPR.
3. Doctors will be focused on my comfort, alleviating suffering, and not on keeping me alive by artificial means or heroic measures, such as trying to prolong my life with CPR and other life-sustaining technologies.
4. A mix of the above options (eg, try to fix problems, but if not getting better switch to focusing only on my comfort, even if it hastens death).
5. Unsure
6. Discussion not documented
7. No discussion
8. Other

Concordant cells (ie, patients’ preferences and their documented goals are the same) are shaded in yellow. Columns 6 and 7 were not included in the concordance analysis because of lack of documented goals.
eTable 2. Concordance Between Family Members’ Expressed Preferences and Documented Goals

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Legend: *Taxonomy of documented goals are as follows:

1. Aggressive use of heroic measures and artificial life sustaining treatments, including CPR, to keep me alive at all costs
2. Full medical care but in the event my heart stops, or my breathing stops, no CPR.
3. Doctors will be focused on my comfort, alleviating suffering, and not on keeping me alive by artificial means or heroic measures, such as trying to prolong my life with CPR and other life-sustaining technologies.
4. A mix of the above options (eg, try to fix problems but if not getting better switch to focusing only on my comfort, even if it hastens death).
5. Unsure
6. Discussion not documented
7. No discussion
8. Other

Concordant cells (ie, family members’ preferences and their documented goals are the same) are shaded in yellow. Columns 6 and 7 were not included in the concordance analysis because of lack of documented goals.
eFigure 1. CANHELP Satisfaction Scores (Patient Version)

Legend:
Question numbers (Q1, Q2, etc) refer to questions on CANHELP questionnaire. Hatched bars represent individual questions and solid bars represent domain (DOM) or overall scores. Different colors were used for questions in different domains. The width of the bars denotes the average score of all patients. Range lines denote the standard error values. 0 = worst possible score, 100 = best possible score.
**Legend:**

Question numbers (Q1, Q2, etc) refer to questions on CANHELP questionnaire. Hatched bars represent individual questions and solid bars represent domain (DOM) or overall scores. Different colors were used for questions in different domains. The width of the bars denotes the average score of all patients. Range lines denote the standard error values.

- 0 = worst possible score
- 100 = best possible score