

Supplementary Material

Interview Guide

(Questions for all the participants.)

Q1. About you and your family

1. Please tell us in detail about your family structure. For example, who do you live with and where do you live?

2. How many members of your family do you feel comfortable speaking to about personal issues?

2-1. Which member of your family do you feel most comfortable talking to about anything and everything? Where does that person live?

Please answer the following questions about “Advance Care Planning.” Advance Care Planning is simply taking the time to speak with family members and loved ones about the kinds of medical treatment you would/ would not want to have, in the event that you fall ill in 5 or 10 years’ time (If the subject is in their 60s or early 70s, then in 10 or 20 years’ time).

(For those who have discussed advance care planning, please answer Q2 of the questionnaire. For those who have not discussed advance care planning, please answer Q3 of the questionnaire.)

Q2. Since you answered that you have discussed advance care planning with your family:

1. Please tell us in detail what you discussed.

2. Who did you talk with?

3. When did you discuss it? In what kind of situation did you discuss it?

4. Before you discussed it, was there some kind of event that prompted you to do so?

25 Please explain in detail.

26 5. After having discussed advance care planning, how did you feel about the discussion?

27 6. Why do you think it is important to discuss advance care planning with your family?

28 7. Do you think that discussing advance care planning with your family was an easy thing
29 to do? Or do you think it is something difficult, requiring courage on your part?

30 8. What do you think is needed within the family to openly and easily discuss advance
31 care planning?

32 8-1. Do you feel hesitant to discuss this with your family, thinking that it may burden
33 them?

34 9. Do you think that for society as a whole, it has become easier to talk about one's own
35 death and the death of family members than it was in the past? Why do you think that?

36 10. When you think of advance care planning and your own demise, do you think you are
37 influenced by religion and religious ideas? Why do you think that?

38 11. Have you spoken with medical staff, doctors, nurses, social workers, and so forth,
39 about your intentions regarding the future?

40 12. Have you spoken with your friends about advance care planning? For example, have
41 you spoken with friends or family about your views regarding how to spend your time
42 during the end-of-life period?

43 Q3. Since you answered that you have not discussed advance care planning with your
44 family:

45 1. Do you find it difficult to think about your future health and the possibility of falling
46 ill?

47 1 - 1. Hereafter, do you think that you would like to discuss advance care planning with
48 your family if the opportunity arises?

49 2. Do you think that now is not the time to discuss advance care planning? Why do you
50 think that?

51 3. If you were to discuss it with someone in your family, who would that be, when, and
52 in what kind of situation would you discuss it?

53 4. Regarding your own future, what do you think would be necessary to discuss advance
54 care planning with your family?

55 4 - 1. Do you think discussion would be possible if you had knowledge of advance
56 family planning?

57 4 - 2. Do you think if medical staff, such as doctors, were to raise the topic with you, it
58 would prompt you to think about advance care planning and discuss it with your family?

59 4 - 3. Is there a sense of avoidance about talking about these kinds of issues within your
60 family? Why do you think that?

61 5. Are your desires regarding future medical treatments for yourself influenced by your
62 own experience of caring for sick and dying family members? Please describe your
63 experience in detail.

64 6. Do you think that for society as a whole, it has become easier to talk about one's own
65 death and the death of family members than it was in the past?

66 7. When you think of advance care planning and your own demise, do you think you are
67 influenced by religion and religious ideas? Why do you think that?

68 8. Have you spoken with medical staff, doctors, nurses, social workers, and so forth, about
69 your intentions regarding the future?

70 9. Have you spoken with your friends about advance care planning? For example, have
71 you spoken with friends or family about your views regarding how to spend your time
72 during end of life?

Details of the strategies used to establish trustworthiness

For investigator triangulation, the first five transcripts were coded independently by two investigators (JM and AK) and discrepancies were discussed. The remaining transcripts were coded by one investigator (JM), and the new codes were reviewed by another investigator (AK) in weekly meetings. In addition, monthly team meetings were held among the investigators (JM, MH, TT, TA, SS, YY, and SF) to discuss the relationship of codes at the stage of axial and selective coding. The investigators in this study are from diverse backgrounds, including the following roles: general internist/healthcare researcher (JM/MH/TT/TA), nephrologist/epidemiologist (SS), dermatologist/Quality-of-Life researcher (YY), healthcare research specialist (SF), and a non-physician with a background of qualitative research (AK).

For methodological triangulation, we used previously published papers regarding ACP discussions, and any related factors, among older adults as reference documents (A. Asai et al., 1999; Boerner et al., 2013; Carr, 2012; Carr & Khodyakov, 2007; Carr et al., 2013; Hirai, Miyashita, Morita, Sanjo, & Uchitomi, 2006; Kwak & Haley, 2005; Lambert et al., 2005; Long, 2004; Matsumura et al., 2002; Samsi & Manthorpe, 2011; Seymour, Gott, Bellamy, Ahmedzai, & Clark, 2004; Singer et al., 1998; Voltz et al., 1998).

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