### Supplementary Table 2. Detailed information about the POLST forms

| POLST form | Subject | Description |
|------------|---------|-------------|
| Advance directive | 19 Years or older health person | A legal document that states a person’s wishes about receiving medical care if that person is no longer able to make medical decisions because of a serious illness or injury |
| Form 1 | Patient | Verification of LST plan |
| Form 9 | 2 Doctors | The assessment of the patient at the end stage of life |
| Form 10 | 1 Doctor + patient or 2 doctors | Verifies the intention of the patient with the advance directive on life-sustaining treatment prepared in advance |
| Form 11 | 2 Patient family members | Verify the patient’s intention for the decision to withdraw or withhold LST through statements of two or more patient family members |
| Form 12 | All adult immediate family members | Verify that there was a decision to withdraw or withhold LST for the patient based on the unanimous consensus of the patient’s family |
| Form 13 | 1 Doctor | Implement the decision to withdraw or withhold LST should record the implementation process and results in |

POLST: physician orders of life sustaining treatment; LST: Life-sustaining treatment.