

Supplementary Table 1. The Supportive and Palliative Care Indicators Tool (SPICT).

General SPICT indicators:
<ul style="list-style-type: none"> • Unplanned hospital admission. • Performance status is poor or deteriorating, with limited reversibility (e.g. stays in bed or in a chair for more than half the day). • Depends on others for care due to increasing physical and/or mental health problems; person's carer needs more help and support. • Progressive weight loss; remains underweight; low muscle mass. • Persistent symptoms despite optimal treatment of underlying condition(s). • Person (or family) asks for palliative care; chooses to reduce, stop or not have treatment; or wishes to focus on quality of life.
Disease-specific SPICT indicators:
<p>Cancer:</p> <ul style="list-style-type: none"> • Functional ability deteriorating due to progressive cancer. • Too frail for cancer treatment or treatment is for symptom control.
<p>Neurological disease:</p> <ul style="list-style-type: none"> • Progressive deterioration in physical and/or cognitive function despite optimal therapy. • Speech problems with increasing difficulty communicating and/or progressive difficulty with swallowing. • Recurrent aspiration pneumonia; breathless or respiratory failure. • Persistent paralysis after stroke with significant loss of function and ongoing disability.
<p>Heart/vascular disease:</p> <ul style="list-style-type: none"> • Heart failure or extensive, untreatable coronary artery disease; with breathlessness or chest pain at rest or on minimal effort. • Severe, inoperable peripheral vascular disease.
<p>Respiratory disease:</p> <ul style="list-style-type: none"> • Severe, chronic lung disease; with breathlessness at rest or on minimal effort between exacerbations. • Persistent hypoxia needing long-term oxygen therapy. • Has needed ventilation for respiratory failure or ventilation is contraindicated.
<p>Kidney disease:</p> <ul style="list-style-type: none"> • Stage 4 or 5 chronic kidney disease (eGFR < 30ml/min) with deteriorating health. • Kidney failure complicating other life limiting conditions or treatments. • Stopping or not starting dialysis.
<p>Liver disease:</p> <ul style="list-style-type: none"> • Cirrhosis with one or more complications in the past year: diuretic resistant ascites; hepatic encephalopathy; hepatorenal syndrome; bacterial peritonitis; or recurrent variceal bleeds. • Liver transplant is not possible.
<p>Dementia/ frailty¹:</p> <ul style="list-style-type: none"> • Unable to dress, walk or eat without help. • Eating and drinking less, difficulty with swallowing. • Urinary and faecal incontinence. • Not able to communicate by speaking; little social interaction. • Frequent falls; fractured femur. • Recurrent febrile episodes or infections, aspiration pneumonia.
<p>Other conditions:</p> <ul style="list-style-type: none"> • Deteriorating and at risk of dying with other conditions or complications that are not reversible; any treatment available will have a poor outcome.

¹ If a patient with mild cognitive impairment is considered eligible, the physician is requested to assess this patient's capacity using a locally available validated capacity assessment instrument.

Supplementary Table 2. Measurement instruments and their scale scores used in the iLIVE study.

Topic	Measurement instrument	Scale scores
<i>Patients</i>		
- Concerns, expectations and preferences of patients around dying and end-of-life care	- Self-developed questions adapted from the Serious Illness Conversation Guide (1) - AEOLI questionnaire (2)	Not applicable Strongly disagree – disagree- neither agree nor disagree – agree- strongly agree – don't know
- Symptom load	Edmonton Symptom Assessment System (ESAS) (3)	0 (no symptom) – 10 (worst possible symptom)
- Health-related quality of life (HRQoL) and wellbeing	EORTC QLQ-C15-PAL quality of life question (4) EuroQol 5 Dimension questionnaire (EQ-5D-5L) (5) ICECAP Supportive Care Measure (ICECAP-SCM) (6)	0 (worst health) – 100 (best health) Questions 1-3: no problems – slight problems- moderate problems – severe problems - unable Questions 4 (pain) & 5 (anxious): no(t) – slight – moderate – severe – extreme(ly) Most of the time –some of the time – only a little of the time - never
- Attitudes towards euthanasia ^a	10-item Euthanasia scale (7)	Strongly disagree – disagree- neither agree nor disagree – agree- strongly agree – don't know
- Health and social care resource use, absenteeism from work	(Partial) Health Economics Questionnaire (HEQ)(8)	Not applicable
- Sociodemographic characteristics	Self-developed questions and HEQ	Not applicable
<i>Relatives</i>		
- Concerns, expectations and preferences around dying and end-of-life care	Self-developed questions inspired by the Serious Illness Conversation Guide and the AEOLI questionnaire	Not applicable

- Health-related quality of life (HRQoL)	EORTC QLQ-C15-PAL EQ-5D-5L	0 (worst health) – 100 (best health) Questions 1-3: no problems – slight problems- moderate problems – severe problems - unable Questions 4 (pain) & 5 (anxious): no(t) – slight – moderate – severe – extreme(ly)
- Well-being	ICECAP Close Person Questionnaire (ICECAP-CPM) (9)	Question 1 -2 : all of the time- most- some- a little- non Question 3-6: fully able – mostly able- mostly unable –completely unable
- Informal care provision	iMTA Valuation of Informal Care Questionnaire (iVICQ)(10) and Informal Care Cost Assessment Questionnaire (CIQ) (11)	Not applicable
- Attitudes towards euthanasia	10-item Euthanasia scale	Strongly disagree – disagree- neither agree nor disagree – agree- strongly agree – don't know
- Bereavement	Hogan Grief Reaction Checklist (HGRC, despair and personal growth subscales) (12)	1= Does not describe me at all 2 = Does not quite describe me 3 = Describes me fairly well 4 = Describes me well 5 = Describes me very well
- Quality of care for dying patients	International questionnaire Care of the Dying Evaluation (iCODE) (13)	Various scales
<i>Physicians</i>		
- Patients' diagnosis, co-morbidities and life expectancy, perspective on	Based on the SPICT-criteria and the Australian version of the Karnofsky Performance Status (14)	Not applicable

patients' treatment aims and functional status		
- Evaluation of care in the dying phase	Adapted and based on the Swedish Quality of Dying Registry (15)	Various scales

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