

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.