

Supplement 1: Attributes and explanations

'Patients' and relatives' preferences for end-of-life care – A discrete choice experiment'

Attribute	Attribute levels
<p>Place of care (daytime)</p> <p>This refers to the place at which you would prefer to receive care and support during the daytime, beyond basic body-related care. This care may be administered at home or in an out-of-home facility (e.g., day hospice or palliative medical day clinic). In out-of-home care, meals would always be included, and there would be opportunities for exchange with other patients and relatives in the same or a similar situation. A free transportation service would be included in some care offers; while in other care offers, you would need to organise your own transport to and from the facility.</p>	<ol style="list-style-type: none"> 1) At home 2) Out of home (with free transportation service) 3) Out of home (with no transportation service)
<p>Frequency and duration of care and support (daytime)</p> <p>This refers to your preferred number of days and hours for receiving care and support, beyond basic care at home. This may be once, three or five times a week for a duration of 2–4 or 6–8 hours.</p>	<ol style="list-style-type: none"> 1) 1x per week for 2–4 hrs. 2) 1x per week for 6–8 hrs. 3) 3x per week for 2–4 hrs. 4) 3x per week for 6–8 hrs. 5) 5x per week for 2–4 hrs. 6) 5x per week for 6–8 hrs.
<p>Special medical care (palliative care)</p> <p>This refers to your preference for the availability of physicians with specialised training and broad experience in treating your symptoms and complaints, who may meet with you to, for example, discuss your medical questions. In addition, they may help you reach a decision for or</p>	<ol style="list-style-type: none"> 1) No 2) Yes, during care time 3) Yes, whenever needed

Attribute	Attribute levels
<p>against certain medical treatment options, or initiate treatment. Their goal would be to help relieve your symptoms and increase your quality of life.</p>	
<p>Accompanied activities (e.g., walks, excursions)</p> <p>This refers to your preference for having the opportunity to be accompanied by a member of the palliative care team in your everyday activities during your care and support period. Such activities would be designed according to your individual needs and wishes and may include taking walks, shopping, cooking and taking excursions.</p>	<ol style="list-style-type: none"> 1) No 2) Yes, during care time
<p>Relieving patient counselling (psychological or spiritual/pastoral)</p> <p>This refers to your preference for the provision of relief counselling and support, when needed, either in person or via telephone. Counselling would be provided by a member of the palliative care team, a person with psychological or pastoral training, or a qualified volunteer.</p>	<ol style="list-style-type: none"> 1) No 2) Yes, during care time 3) Yes, whenever needed
<p>Optional overnight care (some nights per month)</p> <p>This refers to your preference for the possibility of being cared for by a caregiver for a few nights per month (e.g., if your family caregiver is unavailable due to vacation), for additional relief. This care could be provided at home or in an out-of-home facility. In the case of out-of-home care, a free transportation service to the facility and back home would be included.</p>	<ol style="list-style-type: none"> 1) No 2) At home 3) Out of home (with free transport service)
<p>Co-payment (private payment for the service, per month)</p> <p>This refers to the amount you would be willing to pay privately for the care offer, per month. This could be 0€, 200€ or 400€.</p>	<ol style="list-style-type: none"> 1) 0 € 2) 200 € 3) 400 €

Supplement 2: Conditional logit model (total sample)

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Total sample					
Attribute/level	coef	OR	SE	p-value	WTP
Place of care (ref: at home)					
Out of home (with free transportation service)	-0.685	0.504	0.072	0.000*	-292.05
Out of home (with no transportation service)	-1.212	0.298	0.071	0.000*	-516.20
Frequency and duration of care and support (ref: 1x per week for 2–4 hrs.)					
1x per week for 6–8 hrs.	-0.054	0.948	0.097	0.581	-22.86
3x per week for 2–4 hrs.	0.487	1.627	0.100	0.000*	207.49
3x per week for 6–8 hrs.	0.361	1.435	0.100	0.000*	153.90
5x per week for 2–4 hrs.	0.202	1.224	0.106	0.057	86.20
5x per week for 6–8 hrs.	0.184	1.202	0.099	0.062	78.53
Special medical care (ref: no)					
Yes, during care service hours	0.504	1.655	0.071	0.000*	214.67
Yes, whenever needed	0.409	1.506	0.070	0.000*	174.48
Accompanied activities (ref: no)					
Yes, during care service hours	0.244	1.276	0.058	0.000*	103.78
Relieving patient counselling (ref: no)					
Yes, during care service hours	0.109	1.116	0.072	0.128	46.65
Yes, whenever needed	0.397	1.488	0.071	0.000*	169.23
Optional overnight care (ref: no)					
At home	0.370	1.448	0.071	0.000*	157.61
Out of home (with free transportation service)	0.169	1.184	0.071	0.017*	72.05
Co-payment (€/month)					
	-0.002	0.998	0.000	0.000*	
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Log likelihood	-2601.8				
Pseudo R ²	0.11278				
AIC	5233.7				
BIC	5321.5				
No. of observations	5170				
No. of coefficients	15				

Legend: coef = coefficient, OR = odds ratio, SE = standard error, p-value () = p<0.05, WTP = willingness to pay (€/month), AIC = Akaike information criteria, BIC = Bayesian information criteria.*