

Supplementary Table 1: Characteristics of included studies

Study, Country	Academic field of publication	Data characteristics: <ul style="list-style-type: none"> • Setting, participants • Data amounts • Whether data were audio only or audio-visual 	Analysis characteristics Summary rating of level analytic detail (in capitals)	Contributes to review findings in terms of:
Alhuwalia et al[23] (2013) USA	Clinical	<ul style="list-style-type: none"> • Outpatient cardiology clinic: 71 appointments, 52 patients recently discharged after hospitalisation, 44 doctors mostly primary care, some cardiologists • 25 episodes of advance care planning analysed • Audio only 	Qualitative content analysis Only the doctors' talk What is said but not how LOW	<ul style="list-style-type: none"> • Indirectness, allusive talk • Hypothetical questions and talk
Beach[24] (2003) USA	Language and social interaction	<ul style="list-style-type: none"> • Family phone calls: 3 family members, one diagnosed with cancer • Total 54 calls over 13 months. 100 episodes analysed. • Audio only 	Conversation analysis Sequences What is said but not how HIGH	<ul style="list-style-type: none"> • Shifting to the positive
Leydon[25] (2008) UK	Clinical	<ul style="list-style-type: none"> • Oncology: 3 clinics, 3 oncologists and 28 adults with cancer referred for radio- or chemotherapy • Total 28 consultations. Number of episodes analysed not stated • Audio-visual 	Conversation analysis Sequences What is said and how it is said HIGH	<ul style="list-style-type: none"> • Shifting to the positive
Lutfey & Maynard[26] (1998) USA	Language and social interaction	<ul style="list-style-type: none"> • Oncology: one clinic, one oncologist, 3 patients with terminal cancer and their partners. Delivery of news the patient's cancer is not curable • Total 3 consultations analysed in full • Audio-visual 	Conversation analysis Sequences What is said and how it is said HIGH	<ul style="list-style-type: none"> • Fishing questions • Indirectness, allusive talk and euphemisms • Hypothetical questions and talk • Communications other than words that display sensitivity (touch)

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Maynard & Frankel[27] (2003) USA	Language and social interaction	<ul style="list-style-type: none"> • Primary care consultation about mammogram result indicating a density of unknown origin • One consultation, one follow up phone call analysed in full • Audio only 	Conversation analysis Sequences What is said and how it is said HIGH	<ul style="list-style-type: none"> • Shifting to the positive • Indirectness, allusive talk and euphemisms
Miller & Silverman[28] (1995) UK & USA	Sociology	<ul style="list-style-type: none"> • Counselling in one UK HIV clinic and one US family therapy clinic • Total dataset not stated, number of episodes analysed not stated • Audio-visual 	Foucauldian, ethnomethodological and conversation analytic Sequences What is said and how it is said HIGH	<ul style="list-style-type: none"> • Hypothetical talk • Fishing questions • Linking questions and proposals with what patients have said (or not said)
Norton et al[29] (2013) USA		<ul style="list-style-type: none"> • Inpatient palliative care team consultations, 66 interactions, 66 patients, 13 doctors, 2 nurse practitioners • Total 66 recordings, number that relate to each specific finding not stated • Audio only 	Qualitative analysis (citations suggest grounded theory approach) Clinicians' talk only What is said, but not how	<ul style="list-style-type: none"> • Linking questions and proposals
Peräkylä & Bor[30] (1990) UK	Clinical	<ul style="list-style-type: none"> • Counselling: HIV clinic sessions for both initial testing, and for patients previously tested positive. Number of participants, clinics and recordings not stated, but more than one clinic. • Total dataset not stated, 53 episodes analysed • Audio-visual 	Conversation analysis Sequences What is said and how it is said HIGH	<ul style="list-style-type: none"> • Things other than words that convey sensitivity • Hypothetical talk • Linking questions and proposals with what patients have said (or not said)
Peräkylä[31]	Language and social	<ul style="list-style-type: none"> • Counselling: 2 AIDS clinics, 7 counsellors, 20 patients most with family members. People being 	Conversation analysis Sequences	<ul style="list-style-type: none"> • Fishing questions • Communications other than

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(1993) UK	interaction	<p>tested and people already diagnosed seropositive</p> <ul style="list-style-type: none"> • Total dataset: 27 interviews. 76 episodes - 6 hours talk - analysed • Audio-visual 	<p>What is said and how it is said</p> <p>HIGH</p>	<p>words that convey sensitivity</p> <ul style="list-style-type: none"> • Hypothetical questions and talk • Linking questions and proposals with what patients have said (or not said) • Framing difficult future issue as universal or general
Peräkylä[32] (1995) UK	Language and social interaction	<ul style="list-style-type: none"> • Counselling: 2 AIDS clinics, 7 counsellors, 20 patients most with family members. People being tested and people already diagnosed seropositive • Total dataset: 27 interviews. 76 episodes - 6 hours talk - analysed • Audio-visual 	<p>Conversation analysis</p> <p>Sequences</p> <p>What is said and how it is said</p> <p>HIGH</p>	<ul style="list-style-type: none"> • Fishing questions • Linking of questions to what patient has said (or not said) • Hypothetical questions
Rodriguez et al[33] (2007) Australia	Clinical	<ul style="list-style-type: none"> • Oncology: 2 outpatient clinics, 6 oncologists, 29 patients with terminal metastatic cancer, most with family member present • Total 175 episodes comprising single statements, not sequences • Verbatim transcripts analysed. 	<p>Content analysis</p> <p>Single statements</p> <p>What is said but not how it is said</p> <p>LOW</p>	<ul style="list-style-type: none"> • Indirectness, allusive talk and euphemisms • Framing difficult future issue as universal or general
Rodriguez et al[34] (2008) Australia	Clinical	<ul style="list-style-type: none"> • Oncology: 2 outpatient clinics, 6 oncologists, 29 patients with terminal metastatic cancer, most with family member present • Total 175 episodes comprising single statements, not sequences • Verbatim transcripts of audio data analysed. 	<p>Qualitative, constant comparison and coding</p> <p>Single statements</p> <p>What is said but not how it is said</p> <p>LOW</p>	<ul style="list-style-type: none"> • Indirectness, allusive talk and euphemisms • Framing difficult future issue as universal or general
Sarangi &	Sociology	<ul style="list-style-type: none"> • Counselling: One clinic for counselling concerning 	Discourse analysis	<ul style="list-style-type: none"> • Hypothetical questions and

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Clarke[35] (2002) ?UK		<p>childhood genetic testing. Inferably UK, but not stated</p> <ul style="list-style-type: none"> • Total one consultation involving one genetic counsellor and one mother. Number of episodes analysed not stated • Type of data not stated - appears to be audio 	<p>Sequences</p> <p>What is said, limited attention to how it is said MODERATE</p>	<p>talk</p>
Sarangi[36] (2010) ?UK	Language and social interaction	<ul style="list-style-type: none"> • Counselling for genetic testing decisions. Apparently UK but not stated. One family member considering testing, husband, nurse and counsellor • Total data set four sessions, number of episodes not stated, appears to be analysis of one consultation • Type of data not stated - appears to be audio 	<p>Discourse analysis Sequences</p> <p>What is said, limited attention to how it is said MODERATE</p>	<ul style="list-style-type: none"> • Hypothetical questions and talk
Silverman & Peräkylä[37] (1990) UK	Sociology	<ul style="list-style-type: none"> • Counselling: 4 AIDS clinics. Counsellors and patients either coming for an HIV test or diagnosed as seropositive • Total dataset not stated. 100 episodes analysed Mixture of audio-visual and audio 	<p>Conversation analysis Sequences</p> <p>What is said and how it is said HIGH</p>	<ul style="list-style-type: none"> • Communications other than words that display sensitivity • Communications other than words that encourage patient to talk once topic has been broached • Framing difficult future issue as universal or general • Hypothetical questions and talk
Speer & Parsons[38] (2006) UK	Language and social interaction	<ul style="list-style-type: none"> • Psychiatric assessment at one gender identity clinic. 95 patients and 2 psychiatrists • Total dataset: 95 consultations. 6 episodes analysed • Audio 	<p>Conversation analysis Sequences</p> <p>What is said and how it is said HIGH</p>	<ul style="list-style-type: none"> • Hypothetical questions and talk

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Speer[39] (2010) UK	Language and social interaction	<ul style="list-style-type: none"> • Psychiatric assessment at one gender identity clinic. 89 transsexual patients and 6 psychiatrists • Total dataset 289 sessions. 30 episodes analysed • Mixed data: mostly audio, some audio-visual 	<p>Conversation analysis Sequences What is said And how it is said HIGH</p>	<ul style="list-style-type: none"> • Hypothetical questions and talk • Fishing questions • Linking of questions to what patient has said (or not said)
Tulsky et al[40] (1998) USA	Clinical	<ul style="list-style-type: none"> • Primary care: five practices. 56 doctors with 56 of their established patients who had a serious medical illness discussing advance directives as part of a research study intervention, rather than spontaneously • Total: 56 consultations. 52 episodes analysed • Verbatim transcripts of audio-recordings analysed 	<p>Qualitative and coding Doctors' talk only What is said but not how it is said LOW</p>	<ul style="list-style-type: none"> • Hypothetical questions and talk • Indirectness, allusive talk and euphemisms
Wade et al[41] (2009) UK	Sociology	<ul style="list-style-type: none"> • Recruitment to a research trial: 3 centres, 23 men and 12 trial recruitment staff • Total: 23 conversations. Number of episodes analysed not stated • Audio 	<p>Thematic, content & conversation analysis Sequences Some limited attention to how it is said - specifically to pauses LOW</p>	<ul style="list-style-type: none"> • Communications other than words that encourage patient to talk once topic has been broached • Linking of questions to what patient has said (or not said)