



Correction to: Priorities of a “good death” according to cancer patients, their family caregivers, physicians, and the general population: a nationwide survey

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In the October 2018 edition of the *Supportive Care in Cancer* (26(10):3479–3488), we published an article entitled “Priorities of a “good death” according to cancer patients, their family caregivers, physicians, and the general population: a nationwide survey.” While recently extending that research, however, we discovered that 236 members of the general population were mistakenly duplicated by the investigating agency (World Research) and 1241 were reported rather than 1005. Here, we present corrections and discuss the relevant data.

In the abstract, the results paragraph (page 3479) should be corrected to the following:

“Treatment choices” followed, “mentally aware,” “finances in order,” and “die at home” were found to be the least important components among all four groups.

In the body of the paper, the first paragraph of the “Results” section (page 3481) should be corrected to the following:

A total of 3940 individuals—1001 cancer patients and 1006 family caregivers from the 12 hospitals, and 928 physicians from the 12 hospitals and the KMA (the three stakeholder groups), and 1005 members of the general Korean population—participated in this study. Table 1 shows the socio-demographic characteristics of the respondents. There

were more female respondents in all groups except for the physician group, and the average age of respondents was 46.

Our original Table 1 (page 3482) should be corrected to the following:

Our original Table 2 (page 3482) should be corrected to the following:

Our original Table 3 (page 3483) should be corrected to the following:

Our original Table 4 (page 3485) should be corrected to the following:

Our original Table 5 (page 3486) should be corrected to the following:

In the results of the paper, the right side of the “Results” section (page 3483) should be corrected to the following:

Factors considered important to a good death by attitude toward death

Table 4 shows the associations between five attitudes toward dying and death and the factors of a good death. “Not be a burden to family” and “resolve unfinished business” were associated with the attitude that death was the ending of life. “Feel life was meaningful” was significantly associated with the negative attitude that death was painful and to be feared. The attitude of being remembered was associated with “freedom from pain.”

In the results of the paper, the left side of the “Results” section (page 3484) should be corrected to the following:

Multivariate logistic regression models for factors considered important to a good death by sociodemographic factors and attitudes toward dying and death

By integrating two previous models, we performed stepwise multivariate logistic regression analyses for factors considered important to a good death by sociodemographic factors and by attitude toward dying and death (Table 5). “Presence of family” was inversely associated with age ≥

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Table 1 Sociodemographic characteristics of the 3940 participants in a survey

| Characteristic | | General population, <i>n</i> = 1005 No. (%) | Cancer patients, <i>n</i> = 1001 No. (%) | Family caregivers, <i>n</i> = 1006 No. (%) | Physicians, (<i>n</i> = 928) No. (%) |
|---------------------------------------|------------------------------|---|--|--|---|
| Sex | Male | 494 (49.2) | 390 (39.0) | 324 (32.2) | 565 (60.9) |
| | Female | 511 (50.9) | 610 (60.9) | 682 (67.8) | 363 (39.2) |
| Age, years | < 40 | 366 (36.4) | 123 (12.3) | 292 (29.05) | 612 (66.0) |
| | 40–49 | 209 (20.8) | 211 (21.1) | 304 (30.25) | 222 (23.9) |
| | ≥ 50 | 430 (42.8) | 667 (66.6) | 409 (40.7) | 94 (10.1) |
| Education | Middle school or less | 152 (15.1) | 205 (20.5) | 75 (7.5) | 0 (0) |
| | High school | 397 (39.5) | 433 (43.3) | 401 (39.9) | 0 (0) |
| | College or higher | 456 (45.) | 363 (36.3) | 530 (52.7) | 928 (100) |
| Employed | No | 316 (34.2) | 737 (74.1) | 569 (56.6) | 0 (0) |
| | Yes | 607 (65.8) | 257 (25.9) | 437 (43.4) | 928 (100) |
| Religion | No | 587 (58.4) | 462 (46.2) | 494 (49.1) | 386 (42.0) |
| | Yes | 418 (41.6) | 539 (53.8) | 512 (50.9) | 540 (58.7) |
| Monthly income, in 1000 Korean won | < 2000 | 119 (11.8) | 260 (26.0) | 117 (11.6) | 0 (0) |
| | 2000–2999 | 162 (16.1) | 196 (19.6) | 183 (18.2) | 0 (0) |
| | 3000–3999 | 301 (30.0) | 217 (21.7) | 260 (25.8) | 0 (0) |
| | ≥ 4000 | 423 (42.1) | 328 (32.8) | 446 (44.3) | 928 (100) |
| Health insurance | National Health Insurance | 979 (97.4) | 948 (94.6) | 981 (97.5) | 928 (100) |
| | Medicaid | 26 (2.6) | 53 (5.3) | 25 (2.5) | 0 (0) |

50 years and presence of religion but positively associated with higher educational status. Age ≥ 50 years, lower educational status, comorbidity, positive attitude toward death as the end of life, and negative attitude toward death as painful were associated with “not be a burden to family.” The third factor, “resolve unfinished business,” was positively associated with female sex, older age, and attitude that death was the ending of life and attitude that death was painful, but negatively

associated with the attitude that the dying should forgive those who have offended or hurt them.

In the “Discussion” section, the first sentence of third paragraph (page 3487) should be corrected to the following:

Our finding that “resolve businesses was more often considered to be important among female, older, lower-educated respondents are in contrast to the results that ‘feel life was meaningful’ was more often considered to be important

Table 2 Ranking in importance of the components of a good death by the 4 participating groups

| Component | Total ^a (<i>n</i> = 3940) | General population ^b (<i>n</i> = 1005) | Cancer patients ^b (<i>n</i> = 1001) | Family caregivers ^b (<i>n</i> = 1006) | Physicians ^b (<i>n</i> = 928) |
|--------------------------------|--|---|--|--|--|
| Presence of family | 1027 (24.9) | 22.4 (2) | 24.5 (2) | 25.9 (1) | 27.1 (2) |
| Not be a burden to family | 856 (22.3) | 22.6 (1) | 27.7 (1) | 25.5 (2) | 12.9 (3) |
| Resolve unfinished business | 678 (17.7) | 20.4 (3) | 18.8 (3) | 20.8 (3) | 10.3 (5) |
| Feel life was meaningful | 537 (13.4) | 10.3 (5) | 7.9 (5) | 8.7 (5) | 27.8 (1) |
| Freedom from pain | 408 (10.3) | 14.1 (4) | 11.9 (4) | 9.5 (4) | 5.0 (6) |
| At peace with God | 228 (6.2) | 4.1 (6) | 4.8 (6) | 5.4 (6) | 11.0 (4) |
| Treatment choices | 60 (1.6) | 1.1 (9) | 1.5 (7) | 1.2 (8) | 2.7 (7) |
| Mentally aware | 52 (1.3) | 0.5 (10) | 1.1 (9) | 1.3 (7) | 2.2 (8) |
| Finances in order | 50 (1.2) | 2.5 (7) | 0.7 (10) | 0.9 (9) | 0.8 (9) |
| Die at home | 44 (1.1) | 2.1 (8) | 1.2 (8) | 0.9 (9) | 0.1 (10) |

^a Values are presented as *n* (%) for total counts

^b Values are presented as % (rank) for participant group

Table 3 Factors considered important to a good death by demographic characteristics

| | Presence of family | | Not be a burden to family | | Resolve unfinished business | | Feel life was meaningful | | Freedom from pain | |
|------------------------------------|--------------------|------------|---------------------------|------------|-----------------------------|------------|--------------------------|------------|-------------------|------------|
| | Negative | Positive | Negative | Positive | Negative | Positive | Negative | Positive | Negative | Positive |
| Sex | | | | | | | | | | |
| Male | 1450 (75.7) | 466 (24.3) | 1491 (77.9) | 424 (22.1) | 1615 (84.3) | 301 (15.7) | 1616 (84.4) | 300 (15.7) | 1733 (90.5) | 182 (9.5) |
| Female | 1507 (74.5) | 517 (25.6) | 1568 (77.5) | 456 (22.5) | 1628 (80.5) | 396 (19.5) | 1796 (88.8) | 227 (11.2) | 1802 (89.0) | 222 (11.0) |
| Age, years | | | | | | | | | | |
| < 50 | 1511 (71.2) | 610 (28.8) | 1718 (81.0) | 403 (19.0) | 1804 (85.1) | 317 (14.9) | 1789 (84.4) | 332 (15.6) | 1909 (89.0) | 212 (10.0) |
| ≥ 50 | 1447 (79.5) | 372 (20.5) | 1342 (73.8) | 477 (26.2) | 1438 (79.1) | 381 (20.9) | 1624 (89.3) | 195 (10.7) | 1628 (89.5) | 191 (10.5) |
| Education | | | | | | | | | | |
| Middle school or less | 353 (81.7) | 79 (18.3) | 316 (73.2) | 116 (26.9) | 324 (75.0) | 108 (25.0) | 399 (92.4) | 33 (7.6) | 372 (86.1) | 60 (13.9) |
| High school | 951 (77.3) | 280 (22.8) | 901 (73.2) | 330 (26.8) | 968 (78.6) | 263 (21.4) | 1138 (92.5) | 93 (7.6) | 1074 (87.3) | 157 (12.8) |
| College or higher | 1571 (72.2) | 604 (27.8) | 1763 (81.1) | 412 (18.9) | 1866 (85.8) | 309 (14.2) | 1788 (82.2) | 387 (17.8) | 2002 (92.1) | 173 (7.9) |
| Religion | | | | | | | | | | |
| No | 1390 (73.2) | 509 (26.8) | 1471 (77.5) | 428 (22.5) | 1532 (80.7) | 367 (19.4) | 1661 (87.5) | 238 (12.5) | 1674 (88.2) | 225 (11.8) |
| Yes | 1566 (76.8) | 474 (23.2) | 1588 (77.8) | 452 (22.2) | 1711 (83.9) | 329 (16.1) | 1751 (85.8) | 289 (14.2) | 1861 (91.2) | 179 (8.8) |
| Monthly income, in 1000 Korean won | | | | | | | | | | |
| < 3000 | 789 (76.1) | 248 (23.9) | 776 (74.8) | 261 (25.2) | 823 (79.4) | 214 (20.6) | 953 (91.9) | 84 (8.1) | 899 (86.7) | 138 (13.3) |
| ≥ 3000 | 2145 (74.7) | 725 (25.3) | 2258 (78.7) | 612 (21.3) | 2390 (83.3) | 480 (16.7) | 2430 (84.7) | 440 (15.3) | 2605 (90.8) | 265 (9.2) |
| Health insurance | | | | | | | | | | |
| National Health Insurance | 2828 (74.8) | 951 (25.2) | 2946 (78.0) | 833 (22.0) | 3110 (82.3) | 669 (17.7) | 3267 (86.5) | 512 (13.6) | 3399 (90.0) | 380 (10.1) |
| Medicaid | 80 (76.9) | 24 (23.1) | 70 (67.3) | 34 (32.7) | 87 (83.7) | 17 (16.4) | 93 (89.4) | 11 (10.6) | 94 (90.4) | 10 (9.6) |
| Comorbidity | | | | | | | | | | |
| No | 2055 (74.7) | 696 (25.3) | 2184 (79.4) | 567 (20.6) | 2265 (82.4) | 485 (17.6) | 2334 (84.8) | 417 (15.2) | 2483 (90.3) | 269 (9.7) |
| Yes | 903 (75.9) | 287 (24.1) | 876 (73.7) | 313 (26.3) | 977 (82.2) | 212 (17.8) | 1079 (90.8) | 110 (9.2) | 1054 (88.6) | 136 (11.4) |
| Caregiver experience | | | | | | | | | | |
| No | 1477 (76.4) | 456 (23.6) | 1481 (76.6) | 452 (23.4) | 1575 (81.5) | 358 (18.5) | 1686 (87.2) | 247 (12.8) | 1714 (88.7) | 219 (11.3) |
| Yes | 1481 (73.8) | 526 (26.2) | 1579 (78.7) | 428 (21.3) | 1668 (83.1) | 339 (16.9) | 1727 (86.1) | 280 (13.9) | 1822 (90.8) | 185 (9.2) |

^a Multiple logistic regression models were run for each factor considered important to a good death and achieved more than 10% of positive response among total population (models with < 10% positive responses are not shown)

^b *p* values were estimated using stepwise selection
N.S., not significant in multivariable analysis

Table 4 Factors considered important to a good death by attitude toward death^a

| | Presence of family | | Not be a burden to family | | Resolve unfinished business | | Feel life was meaningful | | Freedom from pain | | <i>p</i> value ^b |
|--|--------------------|------------|---------------------------|------------|-----------------------------|------------|--------------------------|------------|-------------------|------------|-----------------------------|
| | Negative | Positive | Negative | Positive | Negative | Positive | Negative | Positive | Negative | Positive | |
| Life ends with death | | | | | | | | | | | |
| Negative | 830 (76.5) | 255 (23.5) | 882 (81.3) | 203 (18.7) | 933 (86.0) | 152 (14.0) | 926 (85.4) | 159 (14.6) | 979 (90.2) | 106 (9.8) | N.S. |
| Positive | 2128 (74.5) | 727 (25.5) | 2179 (76.3) | 677 (23.7) | 2310 (80.9) | 546 (19.1) | 2487 (87.1) | 368 (12.9) | 2558 (89.6) | 297 (10.4) | |
| Death is painful and to be feared | | | | | | | | | | | |
| Negative | 1305 (74.4) | 449 (25.6) | 1356 (77.3) | 398 (22.7) | 1488 (84.9) | 265 (15.1) | 1490 (85.0) | 263 (15.0) | 1622 (92.5) | 132 (7.5) | < 0.001 |
| Positive | 1653 (75.6) | 534 (24.4) | 1704 (78.0) | 482 (22.1) | 1754 (80.2) | 432 (19.8) | 1923 (87.9) | 264 (12.1) | 1914 (87.6) | 272 (12.4) | |
| Life continues after death | | | | | | | | | | | |
| Negative | 1378 (73.2) | 505 (26.8) | 1438 (76.4) | 444 (23.6) | 1561 (82.9) | 322 (17.1) | 1615 (85.8) | 268 (14.2) | 1700 (90.3) | 182 (9.7) | N.S. |
| Positive | 1580 (76.8) | 478 (23.2) | 1622 (78.3) | 436 (21.2) | 1682 (81.7) | 376 (18.3) | 1798 (87.4) | 259 (12.6) | 1836 (89.2) | 221 (10.8) | |
| People should prepare to forgive | | | | | | | | | | | |
| Negative | 299 (78.7) | 81 (21.4) | 293 (77.1) | 87 (22.9) | 289 (76.1) | 91 (23.9) | 349 (91.7) | 32 (8.3) | 326 (85.7) | 54 (14.3) | N.S. |
| Positive | 2658 (74.7) | 901 (25.3) | 2767 (77.7) | 793 (22.3) | 2953 (83.0) | 606 (17.0) | 3064 (86.1) | 495 (13.9) | 3210 (90.2) | 349 (9.8) | |
| People should be remembered | | | | | | | | | | | |
| Negative | 258 (76.2) | 81 (23.8) | 272 (80.4) | 66 (19.6) | 279 (82.5) | 59 (17.5) | 304 (89.8) | 34 (10.2) | 282 (83.3) | 57 (16.7) | < 0.001 |
| Positive | 2700 (75.0) | 902 (25.0) | 2788 (77.4) | 813 (22.6) | 2963 (82.3) | 638 (17.7) | 3109 (86.3) | 493 (13.7) | 3254 (90.4) | 347 (9.6) | |

^a Multiple logistic regression models were run for each factor considered important to a good death and achieved > 10% positive response in the total population (factors receiving < 10% positive responses are not shown)

^b *p* values were estimated by stepwise selection
N.S., not significant in multivariable analysis

Table 5 Factors considered important to a good death by sociodemographic factors and attitudes toward dying and death^a

| | Presence of family | | Not be a burden to family | | Resolve unfinished business | | Feel life was meaningful | | Freedom from pain | |
|-----------------------------------|--------------------|------------|---------------------------|------------|-----------------------------|------------|--------------------------|------------|-------------------|------------|
| | OR | 95% CI | OR | 95% CI | OR | 95% CI | OR | 95% CI | OR | 95% CI |
| Sex | | | | | | | | | | |
| Male | N.S. | | N.S. | | 1(Ref) | 1.02, 1.45 | 1(Ref) | 0.80 | N.S. | |
| Female | | | | | 1.22 | | 0.80 | | | |
| Age, years | | | | | | | | | | |
| < 50 | 1(Ref) | | 1(Ref) | | 1.28 | | N.S. | | N.S. | |
| ≥ 50 | 0.68 | 0.58, 0.80 | 1.28 | 1.08, 1.52 | 1.28 | 1.07, 1.55 | N.S. | | | |
| Education | | | | | | | | | | |
| High school or less | 1(Ref) | | 1(Ref) | | 1(Ref) | | 1(Ref) | | 1(Ref) | |
| College or higher | 1.21 | 1.02, 1.43 | 0.72 | 0.61, 0.86 | 0.69 | 0.57, 0.84 | 2.27 | 1.79, 2.89 | 0.68 | 0.53, 0.86 |
| Religion | | | | | | | | | | |
| No | 1(Ref) | | N.S. | | N.S. | | N.S. | | 1(Ref) | |
| Yes | 0.84 | 0.72, 0.97 | N.S. | | | | | | 0.75 | 0.60, 0.93 |
| Monthly income, 1000 Korean won | | | | | | | | | | |
| < 3000 | N.S. | | N.S. | | N.S. | | 1(Ref) | 1.37 | 1(Ref) | 0.72 |
| ≥ 3000 | | | | | | | | | | |
| Health insurance | | | | | | | | | | |
| National Health Insurance | N.S. | | N.S. | | N.S. | | N.S. | | N.S. | |
| Medicaid | | | | | | | | | | |
| Comorbidity | | | | | | | | | | |
| No | N.S. | | 1(Ref) | | N.S. | | 1(Ref) | 0.62 | N.S. | |
| Yes | | | 1.20 | 1.01, 1.43 | | | | | | |
| Life ends with death | | | | | | | | | | |
| Negative | N.S. | | 1(Ref) | | 1.31 | | N.S. | | N.S. | |
| Positive | | | 1.36 | 1.13, 1.63 | | | | | | |
| Death is painful and to be feared | | | | | | | | | | |
| Negative | N.S. | | 1(Ref) | | 1.24 | | 1.07, 1.61 | | N.S. | |
| Positive | | | 0.82 | 0.70, 0.97 | | | | | | |
| Life continues after death | | | | | | | | | | |
| Negative | N.S. | | N.S. | | N.S. | | 1.04, 1.48 | | N.S. | 1.33, 2.11 |
| Positive | | | | | | | | | | |
| People should prepare to forgive | | | | | | | | | | |
| Negative | N.S. | | 1(Ref) | | 0.66 | | 0.51, 0.86 | | N.S. | |
| Positive | | | N.S. | | | | | | | |
| People should prepare to forgive | | | | | | | | | | |
| Negative | N.S. | | N.S. | | N.S. | | | | 1(Ref) | 0.63 |
| Positive | | | | | | | | | | |

^a Multiple logistic regression models were run for each factor considered important to a good death that received > 10% of positive response among the total population (the models receiving < 10% of a positive response are not shown). Each stepwise-selected multiple logistic regression model was identified with a significance level of 0.05
N.S., not significant in multivariable analysis

among male, higher-educated, high-income respondents without comorbidity.

In the Discussion section, the first sentence of the fourth paragraph (page 3487) should be corrected to the following:

Another interesting finding was that attitudes toward dying and death—“life ends with death,” “death is painful,” and “people should prepare to forgive”—were associated with participants’ opinions of the components of a good death.

In the limitation of the “Discussion” section, the second sentence of the last paragraph (page 3487) should be corrected to the following:

First, although we administered nationwide questionnaires to four groups that included 3940 individuals, patients and family caregivers were recruited from 12 general hospitals, so generalization of the findings should be made cautiously.

We wish to apologize to the publisher and readers of *Supportive Care in Cancer* for these errors.

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