

**Table 1. Participant's Demographic Information**

Attributes	Physician A	Ethicist B	Physician C	Ethicist D
Nationality	United States	United States	Japan	Japan
Specialization	medicine/psychiatry	ethics	medicine/internal medicine	ethics
Professional degree	M.D.	PhD in philosophy	M.D.	MA in philosophy
Affiliation	University	university/hospital	general hospital	university
Number of available hospital beds	university hospital 500–600 beds	polyclinic hospital 700 beds	general hospital 110 beds	university hospital, mid-size general hospital 200–300 beds
Years of experience	about 20	about 11	about 1	about 4
Total number of cases experienced	more than 500	about 250	about five	about 400

**Table 2. Explanation by the Physician**

Name and age	Mrs. Mineko Sakata. Age=92 SEX: Female
Diagnosis	Late-onset Alzheimer's disease.
Chief complaints	disturbance of consciousness, cognitive impairment, and dysphagia
<p>[History and Episode]</p> <p>The patient began to exhibit impairment of memory and orientation in 1998 and has been progressive since. Her family first brought her to our hospital in July 2000 when they discovered she was wandering about aimlessly and screaming in the middle of the night (ambulatory automatism). She was diagnosed with late-onset Alzheimer's disease. The patient fell down at home in September 2005. A local orthopedist found the patient to have a fracture in her left femur. Although the patient did not undergo surgery and was followed closely, she became bedridden, which made it difficult for her family to take care of her at home. The patient's family admitted her to X Elderly Care Facility in October 2005. While the patient was at the X Facility, she remained drowsy throughout the day and night. When addressed in a loud voice, she would open her eyes. She sometimes moans without any comprehensive utterances. The patient could not chew or swallow, which made oral feeding difficult. In July 2006, the patient was transferred to our hospital. Our staff has tried to tube feed her via a nasal gastric tube; but she persistently removes the tube. The patient is currently physically stable and is not considered to be at the end-of-life stage.</p> <p>A member of our staff has indicated the possible legal and ethical problems of using only a peripheral intravenous drip (IV), since doing so would lead to a prognosis of death within a few weeks. We therefore did not propose the use of only an IV to her family as a possible therapy. We have also ruled out central venous nutrition (total parenteral nutrition using a central venous catheter), and we did not recommend it in terms of the patient's age, condition and the necessary invasive interventions. As a result, we recommended a gastrostomy (Percutaneous Endoscopic Gastrostomy: PEG) for total enteral nutrition. In the future, we plan to transfer the patient to Y hospital for elderly.</p> <p>Mrs. Fujiko Sakata, the patient's daughter-in-law, has expressed that she would not want any other medical treatments if the patient were unable to eat. The patient also has a grandson whose name is Joji, Mrs. Fujiko Sakata's son, and who occasionally comes to visit the patient. His opinion is that a gastrostomy would be allowed if it can prevent his grandmother from dying of starvation. Joji is currently in the US since he has worked there for a long period of time.</p>	

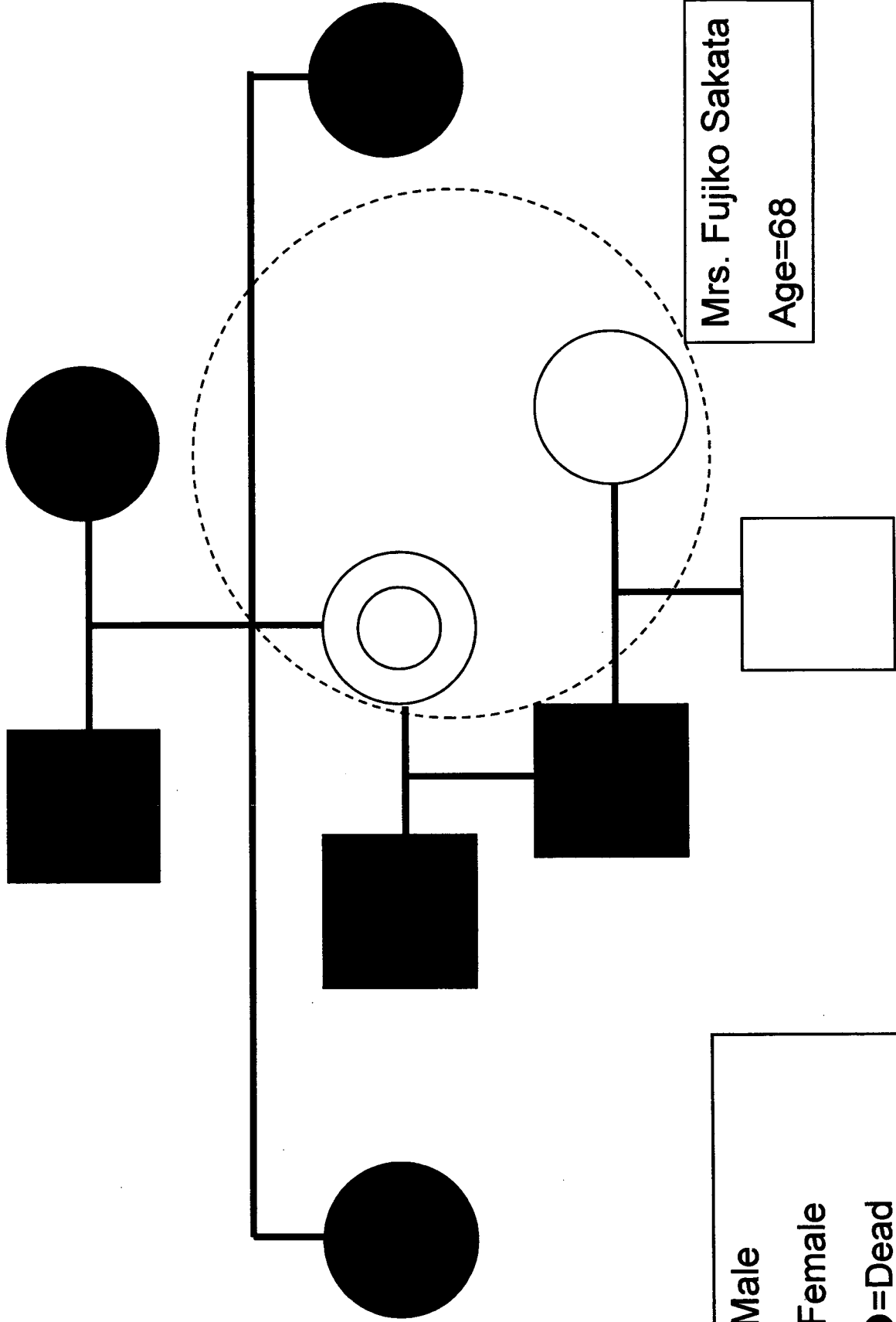
**Additional files**

**Additional file 1**

**File format: DOC**

**Title: Three types of approaches of ethics consultation**

**Description: This explains three types of approaches of ethics consultation.**



Mrs. Fujiko Sakata  
Age=68

Mr. Joji Sakata Age=40  
Currently staying in U.S. for business

□=Male  
○=Female  
■=Dead  
⊖=Living together