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Translation and Cultural Adaptation of the *Go Wish Game*: Thinking About Personal Values to Promote Advance Care Planning

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Abstract

Background: The Go Wish Game (GWG) is a practical tool developed to ease advance care planning (ACP) conversations regarding end-of-life (EOL) issues. The game consists of a guide and 35 cards to help persons think about their personal values and priorities in the context of care and to discuss and share those concerns with families and health care professionals (HPs).

Objectives: To promote ACP conversations in the Italian context, we developed an Italian version of the GWG by linguistic translation and cultural adaptation.

Design: Cross-cultural adaptation process developed by Beaton et al.

Measurements: We started with a back-and-forth translation to guarantee linguistic appropriateness. A prefinal Italian version was developed and then qualitatively evaluated by two focus groups (FGs) to assess content validity and cultural appropriateness. Participants' suggestions were discussed by the research groups and included in the final Italian version.

Data analysis: The FGs' transcripts were analyzed by thematic analysis.

Sample: One FG included HPs potentially involved in ACP, the second FG involved representative from local patient associations (RLPAs) with chronic, degenerative, and potentially terminal disease. Participants were purposefully selected. The two FGs involved eight HPs and five RLPAs, respectively.

Results: Fewer explicit statements concerning EOL choices and a broader emphasis on the role of HPs in this discussion characterized the prefinal version. Our analysis identified three themes and five subthemes: (1) *improving translation*: linguistic redefinition and practical clarification; (2) *how to play the GWG*: needs and suggestions; and (3) *more than a game*.

Conclusion: The Italian version developed in this study presents several cultural peculiarities. The rigorous translation and cultural adaptation process applied can enrich the existing literature by spreading a practical tool for initiating ACP in other languages and cultures. Further studies are needed to evaluate this tool's effectiveness in supporting ACP and training HPs to promote the ACP process.

Keywords: advance care planning; cross-cultural adaptation; end-of-life care; Go Wish; oncology; qualitative research method

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Introduction

ADVANCE CARE PLANNING (ACP) is a process that supports patients in understanding their values, life goals, and preferences regarding treatments and future medical care and discuss them with health care professionals (HPs), and family members.^{1–3}

While ACP can help decrease unwanted treatments and expand the use of hospice and palliative care,^{3,4} its implementation has shown several challenges depending on both patients' and HPs' difficulties in approaching ACP content.^{5–9} Different ACP interventions have been developed to increase ACP within different settings and with different illnesses.^{10–12}

The *Go Wish Game* (GWG)¹³ is one of the practical tools developed to ease ACP conversations regarding end-of-life (EOL) issues.¹⁴ It supports people in dealing with EOL issues by clarifying their answers to the following question: *What is important to me?*

The GWG has been developed by the Coda Alliance.¹³ It comprises 35 cards—and a free “wild card”—that feature a straightforward statement related to daily issues. These statements elicit the person's expectations, wishes, and concerns, providing a simple tool for sharing such thoughts and identify the person's priorities.^{14,15}

Previous studies have shown that GWG facilitates conversations that are often otherwise taboo¹⁶ and prevents distress associated with the dying process.¹⁴

We translated and culturally adapted the GWG to the Italian context to promote the use of ACP, as regulated by the Italian law on ACP and Advance Directive (AD) (Law n. 219/2017).¹⁷

Methods

Study design and setting

This study is based on the cross-cultural adaptation process developed by Beaton et al.¹⁸ as described in Figure 1. We performed:

1. a translational and adaptation process to guarantee cultural relevance and linguistic equivalence with the original GWG¹⁶;
2. a qualitative evaluation, to assess the translation's cultural appropriateness and to develop a final version by collecting stakeholder representatives' observations, comments, and proposals through two focus groups (FGs).

Data emerging from each step were discussed by the research team and finally integrated in the final Italian version. Supervision of the authors of the original tool was always guaranteed to ensure appropriateness and coherence with the original GWG.

Our research was conducted at an Italian oncological research hospital accredited as a comprehensive clinical cancer institute (OECI) in the North of Italy.

Participants were purposefully selected to achieve diversity (“maximum variation” sampling).¹⁹ Key measures of diversity included age, discipline, years in profession, prior experience with patient or caregiver with Palliative Care (PC) needs.

The first FG (FG1) included HPs working with patients who would be potentially involved in an ACP conversation due to their illness. Inclusion criteria were: being at least five years practicing HP and employed at the AUSL-IRCCS di Reggio Emilia; being a physician, psychologist, or nurse; being potentially involved in ACP.

The second FG (FG2) included representatives from local patient associations (RLPAs) with chronic, degenerative, and potentially terminal diseases. The inclusion criteria were: being a member of the patients' associations involved in the study; being a member of such an association for at least five years.

Participants of FG1 were recruited with e-mail invitation by L.D.P. and M.P. Participants of FG2 were recruited by the local respondent of patients' associations who transmitted volunteers' contacts to the research team.

Before the FG meetings, all participants received the pre-final Italian translation, and provided written informed consent, according with the research protocol approved by the local Ethics Committee AVEN (Protocol n. 2020/0109816).

Data collection and analysis. The FGs were held on-line in February 2021.

They were conducted by a facilitator (C.P.), who guided the discussion, and an observer (M.P.), who noted information about the internal dynamics. Interaction among participants was stimulated by guiding questions developed by M.P., L.D.P., C.P., and S.T. (Table 1).

The FGs were audiorecorded and transcribed verbatim by M.P., and analyzed according to the thematic analysis approach.²⁰

Two researchers, (M.P.) and (C.B.), independently analyzed the FGs' transcripts and a third researcher (L.D.P.) supervised the analysis for methodological rigor. The description of the results is focused on the qualitative component (FG): data are presented by reporting participants' quotations, identified by a code representing the participant speaking.

Results

Translation and adaptation process

Some changes were first introduced between T1 and T3 (Tables 2 and 3.). T3 was characterized by less explicit statements concerning EOL choices and a broader emphasis on the role of HPs in this discussion.

Qualitative evaluation

FG1 finally included eight HPs: six physicians, one psychologist, and one nurse, and the meeting lasted for a duration of 1:42:51, whereas five RLPAs participated to FG2. This meeting lasted for a duration of 1:43:02.

FG participants' characteristics are provided in Table 4.

Thematic analysis identified three main themes and five subthemes (Table 5)

Improving translation: Linguistic redefinitions and clarifications. *Improving language, improving usability.* Participants found the tool generally understandable despite some aspects needed improvements to increase its usability (HP6, HP2). RLPAs appreciated the use of simple words,

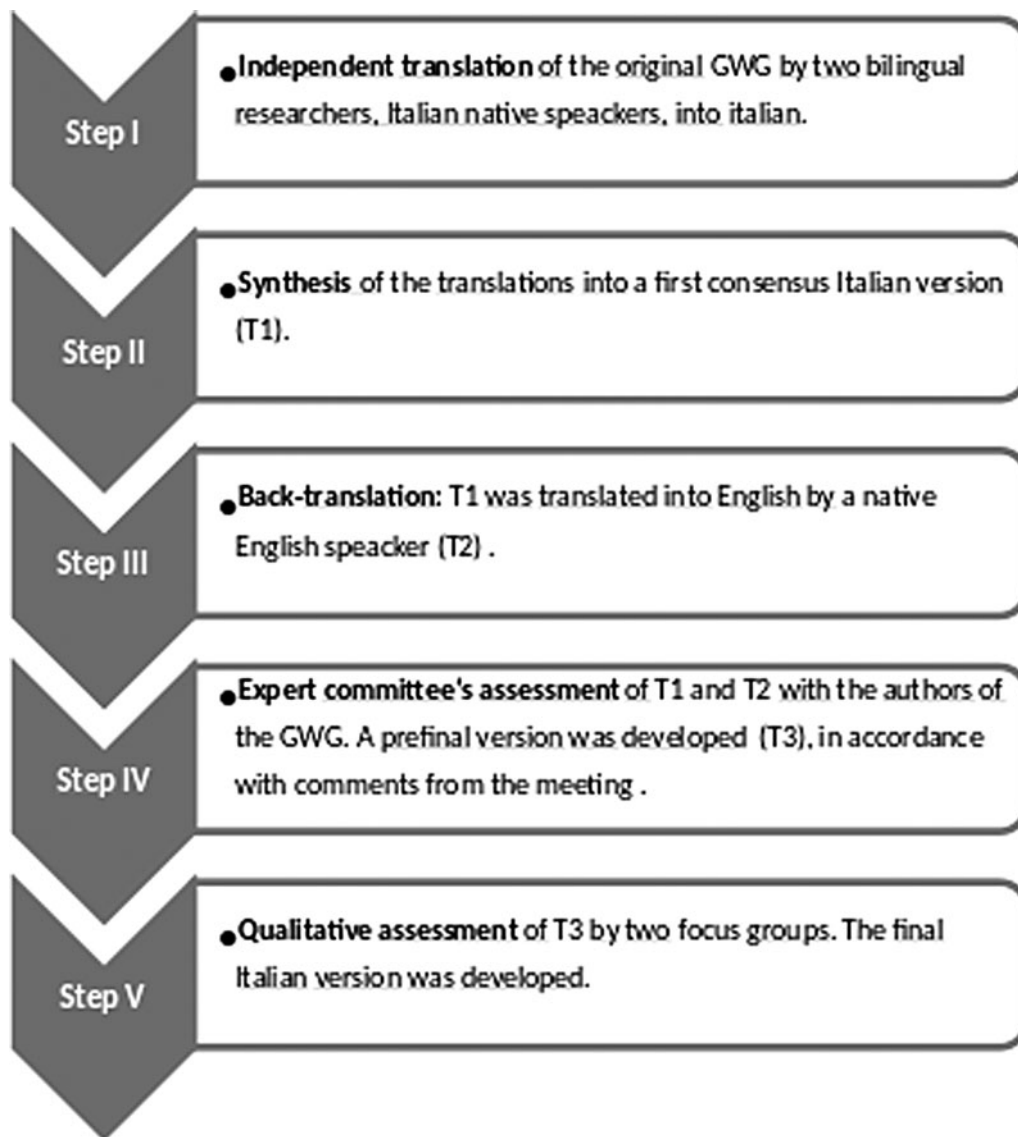


FIG. 1. Translation and adaptation process. Step I and Step II were performed by L.D.P. a researcher in palliative care and bioethics, and S.T. a palliative care physician. Step III was performed by C.C., a native English speaker. E.M. the author of the original GWG, participated to the research group meeting (Step IV) to guarantee linguistic and content equivalence between T2 and original GWG. Subsequently, L.D.P. modified T1 in accordance with comments developed the prefinal Italian translation (T3). Finally, the prefinal Italian version of the GWG was assessed by two Focus Group (Step V), as described in the qualitative evaluation.

TABLE 1. THE FOCUS GROUP'S TOPIC GUIDE

<i>Round</i>	<i>Aim</i>	<i>Exemplifying questions</i>
First round	Comprehensibility	The facilitator reads the guide, then asks participants the following: "Are there any terms or phrases that are not clear or difficult to understand?" For each affirmative answer, the facilitator asks the following: "How would you rephrase the sentence? What other term would you use?" The facilitator reads the card. For each card, he asks participants the following: "Are there any terms or phrases that are unclear or difficult to understand?" For each affirmative answer, he asks the following: "How would you reformulate the sentence? What other term would you use"?
Second round	Cultural appropriateness	The facilitator asks participants the following: 1. In your opinion, are the concepts translated in the cards representative of culturally relevant aspects in the Italian context? 2. According to your experience, which aspects usually emerge during discussions concerning treatment choices that are not represented in the cards?
Third round	Potential critical issues	The facilitator asks participants the following: 1. Do you have any further remarks or corrections?
Final feedback	Debriefing	The facilitator asks participants the following: Are there still aspects that you would like to discuss?

TABLE 2. DESCRIPTION OF CHANGES IN THE GUIDE AMONG THE ORIGINAL VERSION, THE BACK-FORWARD TRANSLATION, THE PREFINAL VERSION, AND THE FINAL VERSION, INCLUDING WORKING SUGGESTIONS

Original	Back-forward (T2)	Prefinal (T3)	Final
<p>GO WISH gives you an easy, even an entertaining way to think and talk about how you want to be treated if you become seriously ill. The game can be used to help your friends and family understand your wishes. This game can make it easier for them to follow your wishes when the time comes.</p> <p>GO WISH can be played by one, two, or more people</p> <p>Each deck has 36 cards. Thirty-five of the cards describe things that people often say are important when they are very sick or dying. The cards describe how people want to be treated, who they want near them, and what matters to them. One card is a “wild card.” You can use this card to stand for something you want that is not on any of the other cards.</p> <p>GO WISH SOLITAIRE: This is a good way to figure out what is important to you and why.</p> <ol style="list-style-type: none"> 1. Read through all 36 cards. Sort them into three piles: <ul style="list-style-type: none"> • Very important to me • Somewhat important to me • Not important to me 2. You can use the wild card to stand for something you want that is not on any of the other cards. For example: “To live in my own home” or “To be able to recognize my family and friends.” That card can go into any of the three piles. 3. When you have three piles, sort through your “very important” pile. Choose the 10 wishes that mean the most to you. If you do not have 10 cards in your “very important” pile, choose some from your “somewhat important” pile. 	<p>GO WISH gives you a simple and even pleasant way to think and talk about how you would like to be treated if you were to become seriously ill. The game can be used to help your friends and family to understand your wishes. This game can make it easier for them to follow your wishes when the time comes.</p> <p>GO WISH can be used by one, two, or more people.</p> <p>Each deck contains 36 cards. 35 cards describe things/situations that people often indicate as important when they are very sick or dying. The cards describe how people want to be treated, who they want close to, and what is important to them. One card is the wild card. You can use this card to highlight something that you would like and that has not been mentioned on any of the other cards.</p> <p>GO WISH solitaire: This is a good way to understand what is important to you and why.</p> <p>Read all 36 cards and divide them into 3 decks: very important to me, fairly important, and not important.</p> <p>You can use the wild card to say something you want that is not shown on any of the other cards. For example: “Being cared for at home” or “Being able to recognize my family and friends.” This card must also be inserted into one of the three decks.</p> <p>When you have divided the cards into three decks, look through the “very important” one. Choose the 10 cards that describe the most important wishes for you. If there are not 10 cards in this deck, take a few from the “fairly important” stack.</p> <p>Classify the 10 cards from the most important to the least important. This list is your top 10.</p>	<p>GO WISH gives you a simple and even pleasant way to think and talk about how you would like to be treated if you would suffer from a chronic, disabling, and potentially terminal illness.</p> <p>The game can be used to help your friends, family, and health care professionals to understand your wishes. This game can make it easier for them to follow your preferences related to future treatment and end-of-life care.</p> <p>GO WISH can be used by one, two, or more people.</p> <p>Each deck contains 36 cards. 35 cards describe things/situations that people often indicate as important when they are very sick or dying. The cards describe how people want to be treated, who they want close to, and what is important to them. One card is the wild card. You can use this card to highlight something that you would like and that has not been mentioned on any of the other cards. You can use the wild card more than one time if you need to specify more than one desire or preference that the other cards do not identify.</p> <p>GO WISH solitaire: This is a good way to understand what is important to you and why.</p> <p>Read all 36 cards and divide them into 3 decks: very important to me, fairly important, and not important.</p> <p>You can use the wild card, one or more times, to say something you want and that is not shown on any of the other cards. For example: “Being cared for at home” or “Being able to recognize my family and friends.” This card must also be inserted into one of the three decks.</p> <p>When you have divided the cards into three decks, look through the “very important” one. Choose the 10 cards that describe the most important wishes for you. If there are not 10 cards in this deck, take a few from the “fairly important” stack.</p> <p>Classify the 10 cards from the most important to the least important. This list represents your “top 10,” the 10 most important things for you.</p>	<p>GO WISH is a game that gives you a simple and even stimulating way to think and talk about how you would like to be treated if you would suffer from a chronic, disabling, and potentially terminal illness.</p> <p>The game can be used to help your family, friends, and health care professionals understand your wishes. This game can make it easier for them to follow your preferences related to future treatment and end-of-life care.</p> <p>GO WISH can be used by one, two, or more people.</p> <p>Each deck contains 36 cards. 35 cards describe things or situations that people often indicate as important when they are very sick or dying. The cards describe how people want to be treated, who they want close to, and what is meaningful to them. One card is the wild card. You can use this card to highlight something that you would like and that has not been mentioned on any of the other cards. You can use the wild card more than one time if you need to specify more than one desire or preference that the other cards do not identify.</p> <p>GO WISH solitaire: This game mode is useful to understand what is important for you and why. If you need, you can ask your loved one to help you.</p> <p>Read all 36 cards and divide them into 3 decks: very important, fairly important, and not important to me.</p> <p>You can use the wild card, one or more time, to say something you want and that is not shown on any of the other cards. For example: “Being cared for at home” or “Being able to recognize my family and friends.” This card must also be inserted into one of the three decks.</p> <p>When you have divided the cards into three decks, look through the “very important” one. Choose the 10 cards that describe the most important wishes for you. If there are not 10 cards in this deck, take a few from the “fairly important” stack.</p> <p>Classify the 10 cards from the most important to the least important. This list represents your “top 10”: the 10 most important things for you.</p>

(continued)

TABLE 2. (CONTINUED)

<i>Original</i>	<i>Back-forward (T2)</i>	<i>Prefinal (T3)</i>	<i>Final</i>
<p>4. Rank your 10 “very important” cards, putting the most important ones at the top of the pile. This is your Top 10.</p> <p>5. Think about how you would explain to your family or friends why those things are your Top 10 wishes. Think about your “not important” pile and how you would explain to your family or friends why those things are not important to you. Then, make time to talk to them about your choices.</p> <p>Make time to talk to your loved ones about your choices.</p>	<p>Think about how you would like to explain to your family or friends why these desires represent your most important wishes. Think also about your deck of unimportant things and how you would explain to your family and friends why these things are not important to you. Afterward, take some time to talk to them about your choices.</p> <p>Take some time to talk to your loved ones about your choices.</p>	<p>Think about how you would like to explain to your family, friends, or health care professionals why these desires represent your most important wishes. Think also about your deck of unimportant things and how you would explain to your family and friends why these things are not important to you. Afterward, take some time to talk to them about your choices. Then, talk with them about your choices.</p>	<p>Take some time to think about how you would like to explain to your family, friends, or health care professionals why these desires represent your most important wishes. Think also about your deck of unimportant things and how you would explain to your family and friends why these things are not important to you. Afterward, take some time to talk to them about your choices. Then, talk with them about your choices.</p>
	<i>Go WISH in pairs</i>	<i>Go WISH in pairs</i>	<i>Go WISH in pairs</i>
<p>This can be a good game to play with someone who might become your health care agent. It is especially important for that person to understand your wishes. It is best to play with two decks of cards, although you can take turns using one deck.</p> <p>1. Each player reads through all 36 cards. Each player divides them into three piles. Player A sorts the cards into three piles: Very important to me; Somewhat important to me; Not important to me.</p> <p>2. Both players compare the cards they have in each pile. Talk about the differences in how you ranked some values. Be sure to explain your choices. It is important for Player B to understand Player A’s wishes.</p> <p>3. Both players also may choose their Top 10 from the “most important” pile of cards. Again, talk about why those are most important.</p>	<p>This game mode is useful to do with the person you would like to become your trustee. It is particularly important that this person understands your wishes. It would be useful to play with two decks of cards; otherwise, you need to take turns with only one deck.</p> <p>Each player reads all 36 cards. Each player divides them into three decks. Player A divides the cards into three stacks: very important for me, fairly important for me, not important for me. Player B divides the cards into three stacks, according to what he thinks could be important for player A: very important for player A, fairly important for player A, and not important for player A.</p> <p>Players compare the cards in the three stacks and talk about how they rated the values differently. It is very important that you make your choices clear. It is very important that player B understands player A’s preferences.</p> <p>Both players can choose their top 10 from the group of “very important” cards. They discuss one more time why these cards are very important to them.</p>	<p>This game mode is useful to do with the person you would like to become your trustee. It is particularly important that this person understands your wishes. It would be useful to play with two decks of cards; otherwise, you need to take turns with only one deck.</p> <p>Each player reads all 36 cards. Each player divides them into three decks. Player A divides the cards into three stacks: very important for me, fairly important for me, not important for me. Player B divides the cards into three stacks, according to what he thinks could be important for player A: very important for player A, fairly important for player A, and not important for player A.</p> <p>Players compare the cards in the three stacks and talk about how they rated the values differently. It is very important that you make your choices clear. It is very important that player B understands player A’s preferences.</p> <p>Both players can choose their top ten from the group of “very important” cards. They discuss one more time why these cards are very important to them.</p>	<p>This game mode is useful to do with the person you would like to become your trustee, namely, the person who can represent you in case you are no longer able to express your wishes anymore.</p> <p>It is particularly important that this person understands your wishes. It would be useful to play with two decks of cards; otherwise, you need to take turns with only one deck.</p> <p>Each player reads all 39 cards. Each player divides them into three decks. Player A divides the cards into three stacks: very important for me, fairly important for me, and not important for me. Player B divides the cards into three stacks, according to what he thinks could be important for player A: very important for player A, fairly important for player A, not important for player A.</p> <p>Players compare the cards in the three stacks and talk about how they rated the values differently. It is very important that you make your choices clear. It is very important that player B understands player A’s preferences.</p> <p>Then, the game can continue: both players can choose their top ten from the group of “very important” cards. They discuss one more time why these cards are very important to them</p>

Changes across the different versions are highlighted in gray.

TABLE 3. CHANGES ACROSS DIFFERENT VERSIONS OF THE CARDS

<i>n</i>	<i>Original</i>	<i>Back-forward translation (T2)</i>	<i>Prefinal (T3)</i>	<i>Final</i>	<i>Italian version</i>
1	To be free from pain	To have no pain	To be free of pain	To be free of pain	Essere libero dal dolore
2	To be free from anxiety	To not feel anxiety	To be free from anxiety	To be free from anxiety	Essere libero dall'ansia
3	Not being short of breath	To not be short of breath	To be able to breathe well	To be able to breathe well	Poter respirare bene
4	To be kept clean	To be clean and tidy	To be clean and tidy	To be clean and tidy	Essere pulito e in ordine
5	To have human contact	To have human contact	To have human contact	To have contact with another person	Avere contatti con alter persone
6	To have my finances in order	To have my finances in order	To have my finances in order	To have my finances in order	Avere in ordine le mie finanze
7	To have my family prepared for my death	That my family may be prepared for my death	That my family may be prepared for my death	That my family may be prepared for my death	Che la mia famiglia sia preparata alla mia morte
8	To die at home	To die at home	To die at home	To be able to die at home	Poter morire a casa
9	To know how my body will change	To know how my body will change	To know what will happen to my body along with the disease's evolution	To know how my body will change along with the disease's evolution	Sapere come cambierà il mio corpo con la mia malattia
10	To feel that my life is complete	To feel that my life is complete	To feel that my life is complete	To feel that my life is complete	Sentire ch la mia vita è completa
11	To say goodbye to important people in my life	To be able to say goodbye to the important people in my life	To be able to say goodbye to the important people in my life	To be able to say goodbye to the important people in my life	Poter dire addio alle persone più importanti nella mia vita
12	To remember personal accomplishments	To remember my personal accomplishments	To remember my personal accomplishments	Go over again through my personal history	Ripercorrere la mia storia personale
13	To take care of unfinished business with family and friends	To take care of unfinished business with my family and friends	To take care of unfinished business with my family and friends	To take care of unfinished business with my family and friends	Prendersi cura delle questioni in sospeso con la mia famiglia e con i miei amici
14	To prevent arguments by making sure my family knows what I want	To make sure that my family knows what I want to avoid arguments	To make sure that my family knows what I want to avoid arguments	To make sure that my family knows what I want	Far sì che I miei familiari sappiano ciò che desidero
15	To have an advocate who knows my values and priorities	To have a trusted person who knows my values and priorities	To have a trusted person who knows my values and priorities	To have a trusted person who knows my values, my wishes, and my priorities	Avere una persona di fiducia che conosca i miei valori, i miei desideri e le mie priorità
16	To be treated the way I want	To be treated how I want	To be treated how I want	To be treated how I want	Essere trattato come vorrei
17	To maintain my dignity	To maintain my dignity	To maintain my dignity	To preserve my dignity	Preservare la mia dignità
18	To keep my sense of humor	To keep my sense of humor	To keep my sense of humor	To keep my sense of humor	Mantenere il mio senso dell'umorismo
19	To have a doctor who knows me as a whole person	To have a doctor who knows me as a person in his or her entirety	To have a doctor who knows me as a person in his or her entirety	To have a doctor who knows me as a person in his or her entirety	Avere un medico che mi conosca come persona nella mia globalità

(continued)

TABLE 3. (CONTINUED)

<i>n</i>	<i>Original</i>	<i>Back-forward translation (T2)</i>	<i>Prefinal (T3)</i>	<i>Final</i>	<i>Italian version</i>
20	To have close friends near	To have my closest friends nearby	To have my closest friends nearby	To have my closest friends nearby	Avere vicino I miei amici più cari
21	Not dying alone	To not die alone	To not die alone	To not die alone	Non morire da solo
22	To have someone who will listen to me	To have someone who listens to me	To have someone who listens to me	To have someone who listens to me	Avere qualcuno che mi ascolti
23	To trust my doctor	To trust my doctor	To trust my doctor	To trust my doctor	Avere fiducia nel mio medico
24	To have a nurse I feel comfortable with	To have a nurse that I feel comfortable with next to me	To have a nurse that I feel comfortable with next to me	To have a nurse that I feel comfortable with next to me	Avere accanto un infermiere con cui mi sento a mio agio
25	To be mentally aware	To conserve my mental clarity	To conserve my mental clarity	To conserve my mental clarity	Conservare la mia lucidità mentale
26	To have my funeral arrangements made	To have my funeral arranged	To have my funeral arranged	To have my funeral arranged	Aver organizzato il mio funerale
27	Not being a burden to my family	To not be a burden to my family	To not be a burden to my family	To not be a burden to my family	Non essere un peso per la mia famiglia
28	To be able to help others	To be able to help others	To be able to help others	To be able to help others	Essere capace dia aiutare gli altri
29	To be at peace with God	To be at peace with God	To be at peace with God	To be at peace with God	Essere in pace con Dio
30	To pray	To pray	To pray	To pray	Pregare
31	Not being connected to machines	To not be attached to a machine	To not be attached to a machine	To not be attached to a machine	Non essere attaccato ad una macchina
32	To be able to talk about what scares me	To be able to talk about what scares me	To be able to talk about what scares me	To have the possibility to talk about what scares me	Avere la possibilità di parlare di cosa mi fa paura
33	To meet with clergy or a chaplain	To meet with a spiritual advisor	To meet with a spiritual advisor	To meet with a spiritual advisor	Incontrare un assistente spirituale
34	To be able to talk about what death means to me	To be able to talk about what death means to me	To be able to talk about what death means to me	To have the possibility to talk about what death means to me	Avere la possibilità di parlare di cosa mi fa paura
35	To have my family with me	To have my family close	To have my family close	To have my family close	Avere la mia famiglia vicino
36	Wild card	Wild card	Wild card	Wild card	Carta Jolly
37				To know how my disease will evolve	Sapere come evolverà la mia malattia
38				To be in contact with the beautiful things in life	Essere in contatto con le cose belle della vita
39				To choose whom I would like to have close	Scegliere chi mi piacerebbe avere vicino

Changes across the different versions are highlighted in gray.

TABLE 4. CHARACTERISTICS OF THE FOCUS GROUPS' PARTICIPANTS

<i>Participants in FG1</i>	<i>Profession and working location</i>	<i>Age</i>	<i>Sex</i>
HP1	Physician, Physical and rehabilitative medicine	64	F
HP2	Palliative care physician, Palliative care unit	56	F
HP3	Physician, Physical and rehabilitative medicine	47	F
HP4	Physician, Neurology	55	F
HP5	Physician, Hospice	41	M
HP6	Psychologist, Psycho-oncology	50	F
HP7	Nurse, Palliative care unit	43	F
HP8	Nurse, Hospice	25	F
<i>Participants in FG2</i>	<i>Local patient associations</i>	<i>Age</i>	<i>Sex</i>
RLPA1	AVD—Home Care Volunteers Association	60	F
RLPA2	UILDM—Italian Union for the Fight against Muscular Dystrophy—National Direction	47	M
RLPA3	Sentieri del sollievo	49	F
RLPA4	Diabetic Association of Correggio	50	F
RLPA5	LILT—Italian League for the Fight against Cancer	64	M

HPs, health care professionals; RLPAs, representative from local patient associations.

while identified some sentences as “too strong” for a patient dealing with EOL choices. Moreover, while some RLPAs suggested changing or removing the term “death” (RLPA1), others noted that it allows the patient to talk about death openly (RLPA3). *Friendly language* was required to better facilitate quiet and personal reflection by the patients (HP6).

Working suggestions. Participants made working suggestions concerning the use of the “wild card”, interaction among players in the “game in pairs” section (HP3;), and the definition of the “trustee” (HP6). Additionally, participants proposed specifying the purpose of the “game” (HP6).

Integrating relevant cultural aspects/cultural sensibilities. In both FGs, participants suggested including other cards that were missing in T3 but remained culturally relevant according to their experience, namely the importance of being informed about their illness’s trajectory (HP6) and the relevance of music, nature, and art, defined as “universal interests” (HP4; HP1).

Both HPs and RLPAs underlined the central role of the family in the Italian context: one HP suggested changing the “order of confidence” from HPs, friends, and family to “family, HPs, and friends” (HP6). RLPAs underlined the importance to include the possibility for the patients to be supported by HPs during discussions of EOL choices with their families (RLPA5).

How to play GW with patients: needs and suggestions. *The right patients, the right moment.* HPs defined the GWG as a tool to be applied to specific illnesses (HP4), but not indiscriminately. It is an HP’s responsibility to offer the GWG to the “right patient,” namely the patient they considered capable of playing the game (HP7).

According to RLPAs, the GWG should be conducted in the context of a long-term relationship between HPs and patients (RLPA1). It can also be used in different moments of the care relationship according to the patient’s health condition

(RLPA1), and also in an outpatient setting to ease EOL communication (HP7).

Playing the game with someone else. Participants found that playing the GWG evokes strong emotions (HP6) and there is a need among patients to be accompanied by HPs when sharing or communicating EOL choices (RLPA5). RLPAs also proposed a “trained volunteer” to conduct such communication due to the closeness toward the patients and their families (RLPA1). Specific training concerning the use of GWG was also suggested to allow the “second player” to be a good partner (RLPA1).

More than a game. The concept of a “game” was identified as innovative (RLPA1), very interesting and helpful (HP8). According to participants, “playing a game” would represent an “icebreaker” (HP7, RLPA5).

Discussion

This study presents the results from the translation process and cultural adaptation of the GWG in the Italian setting. As a result, our final Italian version is characterized by some peculiarities: the presence of less explicit statements toward death and the addition of three new cards.

In our study, participants welcomed the use of GWG as a first step in clarifying values and personal thoughts, which may well, but does not necessarily, result in a treatment decision. The “ethics of comprehension” precedes the deliberation step²¹: talking about values is just as crucial as signing the ACP or AD document.

As emerged during the FGs, GWG can help in fostering HPs in recognizing their own values or preconceptions concerning what might be important to patients, but also their skills in starting ACP conversations. As confirmed by the literature, it is not unusual for HPs’ personal values to influence patients’ decisions overtly or indirectly.^{22–24}

The Italian version of the cards contains certain linguistic differences that underline cultural differences. The most

TABLE 5. MEANINGFUL QUOTATIONS BY PARTICIPANTS

Theme 1. Improving translation: Linguistic redefinitions and clarifications

<i>1.1 Improving language, improving usability</i>	<p>Here, the point is not clarity because the text is obvious. Maybe, there is a repetition of the same concept, potentially confusing (HP6).</p> <p>Death is a strong word, but we should be careful not to transform it into its opposite, namely, a pietistic or religious term. I think we should preserve neutral language to achieve the objectives of this tool (RLPA2).</p> <p>If (the term death) is too strong, the person cannot choose it, but it is a choice of the person that, in my opinion, must be given (RLPA3).</p> <p>This game is not “fast.” It requires some time. So, the expression “you think” looks much too imperative to me. I would prefer to translate it with an Italian form that slowly accompanies the reading (HP3).</p>
<i>1.2 working suggestions</i>	<p>I know what the term “trustee” means, but I don’t know how many know it. So, I think it’s worth (...) defining it (HP6).</p> <p>In my opinion, it is important to add that this type of game is helpful for the patient, who is not specified here (...), in terms that you need to find something for you, to think about some questions that you have not asked yourself and your friends until now (RLPA 5).</p> <p>I would emphasize this passage because I can do it between me and me, and then I can decide to take some time and share my choices with others (HP6).</p>
<i>1.3. Integrating relevant cultural aspects/cultural sensibilities</i>	<p>Indeed, the theme of information concerning the disease is not present here. It is linked to the theme of choices, and there is certainly the wild card, but I think it would be helpful to introduce it (HP6).</p> <p>Some things are of universal interest, which are the possibility of listening to music, seeing nature, or art (HP4).</p> <p>I believe that something related to support in communicating with family members should be added. The patients can be helped in expressing their wishes by someone else (...). I have seen many patients who protected their families from such discourse because they could not bear it (RLPA5).</p>

Theme 2: How to play GW with patients: needs and suggestions

<i>2.1 The right patients, the right moment</i>	<p>It is clear that not everyone may be able to play the game and that the right patient must be identified (HP7).</p> <p>A previous relationship should be based on a communicative attitude that allows one to get to this point. These are significant issues that should be prepared and not left to impromptu speeches (RLPA1).</p>
<i>2.2 Play the game with someone else</i>	<p>In my opinion, patients often need someone at their side, a nurse or a physician, to deal with this communication, which is a very painful communication (RLPA5).</p> <p>Before proposing the game to patients, it would be very useful to provide training to those who propose it (...). When I use this game with others, as a “second player,” I must have a clear perception of my reactions and thoughts to be a good partner (RLPA1).</p>

Theme 3: More than a game

Considering this tool as a game, even if is not a game at all, is a way to “break the ice” and to try to deepen various aspects that are usually not considered (HP2).

It is a tool that can be fun, and it is a way to get involved in a discussion on these issues, which is not usual (RLPA5).

significant example is, “*To be in contact with the beautiful things in life.*” It concerns the meaning of esthetic values for the quality of life.^{25,26}

A crucial finding is the emerging meaning of “death.” While HPs were more concerned that patients would be overwhelmed by the term, RLPAs seemed more open to discussing it. This difference is in line with many studies concerning EOL conversation tools.^{16,27,28}

According to our results, the role of the family in EOL conversations is essential, as is the presence of an intermediate person when conducting such a discussion.^{29,30} Even if HPs judged the GWG to be understandable and straightforward as a clinical intervention, they emphasized

the lack of adequate time in the outpatient setting to “play” the GWG and discuss patient choices. As confirmed by the literature, even though the GWG can be implemented with minimal training, its utilization in actual practice can be difficult.⁶

Strength and limitation

Our version represents the first and official Italian version available. Our intent was to provide Italian HPs and patients with a tool able to ease their attitude and participation in ACP conversation. Before the study, the principal investigator (PI) asked Coda Alliance to be allowed to translate the GWG.

Coda Alliance approved the request, and the PI signed a Limited Copyright License Agreement for Research Only.

Quantitative data are missing, due to the study nature and aim. Moreover, despite the involvement of both HPs and RLPA, the findings are limited to a single center and to a very restricted sample of RLPAs. Given its exploratory nature, the data saturation for this study was not discussed.

Further research

Future studies will understand the GWG effectiveness in supporting ACP and training HPs to promote the ACP process. Moreover, it will be interesting to compare the GWG usability during and after the Covid-19 pandemic.

Conclusions

The cultural adaptation process is fundamental for a tool like the GWG, but it is very significant that our final version aligns with the original one's aims, approach, and meaning. Despite the GWG being already available in multiple languages,¹³ little has been written about developing and using an adapted version of the tool outside the United States.¹⁶ This research can enrich the existing literature on EOL conversation tools in many ways. First, it contributes to spreading a practical tool for initiating ACP interventions in other languages and cultures. Second, the structured approach applied in the study^{16,18} strengthens the importance of a rigorous translation and cultural adaptations process: it would be necessary to compare data across countries, especially for studies on the usability of the GWG in clinical practice.³¹ Finally, our study showed a feasible approach to translating and culturally adapting GWG under limited resources and with different stakeholders. Our experience may be refined and replicated by other workgroups, adding to the body of the existing tool for initiating ACP and cost-effectively exploring values and preferences. Delivery methods and implementation strategies of the Italian version of the GWG need to be further studied.

Authors' Contributions

M.P.: Conceptualization, Data curation, Formal analysis, Investigation, Writing—original draft; ST: Conceptualization, Investigation, Methodology, Writing—review and editing, Supervision; C.B.: Formal analysis, Writing—review and editing; C.C.: Investigation, Writing—review and editing; E.M.: Investigation, Writing—review and editing, Supervision; C.P.: Conceptualization, Investigation, Methodology, Writing—review and editing, Supervision; L.D.P.: Conceptualization, Investigation, Methodology, Writing—original draft, Supervision.

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Availability of Data and Materials

All data generated or analyzed during this study are included in this published article.

Author Disclosure Statement

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