**Supplementary data 1. First author’s activities in palliative care consultation**

The first author was transferred from a university hospital to work as a medical advisor in a depopulated area of Fukui Prefecture and also worked as a palliative care physician for 1 day each week at a university hospital, a regional core hospital, and a cancer hospital. At that time, the first author was the only palliative medicine specialist in Fukui Prefecture who was certified by the Japanese Society of Palliative Medicine. The goal was that the first author would compensate for the lack of palliative care in the overall community by serving as a sub-member of the palliative care team at each facility. At each of the three facilities, the first author primarily supported the in-house palliative care team and participated in rounds and conferences. The first author provided support to both the palliative care team and the doctors and nurses who consulted with the team. Upon request from each facility, the first author also provided support in patient consultations and family care in the wards, outpatient palliative care clinics, and study sessions on palliative care for medical personnel. Hence, the first author did not target palliative care wards and home care during the activity period but general wards.

While conducting these support activities, the first author collected activity records with the goal of improving palliative care consultation in the future. At that time, few reports existed on the activities of a mobile palliative care team that could serve as guidelines for such activities in Japan. The first author examined the methodology of palliative care consultation by evaluating the actual practice of palliative care consultation and trends across different conditions of specialized palliative care at multiple facilities.