**Reviewer's report**

**Title:** Withholding and withdrawing life-sustaining therapy in a Moroccan Emergency Department: An observational study

**Version:** 1 **Date:** 28 April 2011

**Reviewer:** Hans-Henrik Bülow

**Reviewer's report:**

This is a strictly observational study of withholding and withdrawing of life support in a Moroccan Emergency Department (ED). The authors state that few data are available from ED’s, but what I find much more interesting is the fact, that the data comes from a Muslim country, and we have very few valid data showing us how Muslim doctors and nurses act in situations where end-of-life (EOL) decisions of withholding (WH) and withdrawing (WD) are taken. The authors state that the study was done without the knowledge of all staff members (last line in the section study design and setting).

**MAJOR ISSUE**

However, I am unfortunately unable to understand then, how data were collected? The authors state that data were collected by a senior member who was not involved in the decisions of WH and WD.

BUT on top of the 2nd page of the results it is stated: “the decision to limit life-support procedures was recorded in the medical file for only one patient”, and the same is shown in table 1.

Did the senior doctor observe what was happening and then concluded from his observations? Unlikely since the study covered a 5 month period.

But if the doctors did not specifically document their actions, document that they held talks with the nurses, document that they talked with the families concerning EOL decisions, and if medical staff did not document that the action they took was because of EOL considerations, how do you then know what was going on??

How do the authors then know that initiation of the decision-making process WH/WD was done by a single ED physician with the nursing staff in 18 cases (78%), and without the nursing staff in 5 cases (22%) (table 1).

And how do the authors know that nurses were involved in the decision making process in 88.9% of the cases if it was not documented somewhere? And I find the figure of nursing involvement in 89% of the cases surprisingly high, because previous studies from Southern Europe have much lower figures. (One example is the Ethicus study where nurses were involved in 66% of the EOL decisions in the Southern part of Europe) and I would expect data from a Muslim country to be lower -------- unless we are talking about male nurses??.

And how do they know that families were involved in 38 out of 54 EOL decisions,
if it was not documented.

OTHER IMPORTANT ISSUE

The reference list contains 40 references. But primarily older studies. There are two studies from 2005, one study from 2008 and one study from 2010. Hereby 36 studies are from 2004 or older. I would suggest that they update their reference list with newer studies. The authors list 15 studies from critical care medicine (4-19), but they should also include the Ethicus study which is the largest prospective study ever done.

The references are not numbered correctly in the text. In the 7th line in the discussion they list references (21, 32-34) but it is not number 21 but 22 which is the correct reference here. And in the section on limitations 8th line they refer to number 40 which is wrong in this context).

The authors have a lengthy discussion about Muslim faith and EOL discussions. At one place they use reference 36 which is from 1938. It would be reasonable to use more updated material if you want to discuss what is valid thinking within the Muslim society in 2010. I would suggest that they study the following 3 references:


In the discussion then see if you can point out major differences/similarities between Islamic physicians/nurses and other Western physicians/nurses

Minor issues

Both in the abstract and in the text the authors comment on the use of sedatives and analgesic. However, the statement given is without interest since exact dosing is not documented. They should delete this statement.

The study is referred to as a prospective study? Please clarify what the prospective aspect of this study is.

It is now common when you write about EOL decisions to use the terms WH and WD and not WDLS as you do.

In reference 16 the publishing year is missing

Table 1. text under the table: Several individuals can involve----- should be can be involved

It would be much easier for the reviewer of you numbered your pages before forwarding them to a journal for publication.

Kind regards
Hans-Henrik Bülow
Head of ICU department
Holbaek Hospital
DK - Denmark

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare I have no competing interest.