Reviewer's report

Title: The death of a patient: GPs' personal and professional experiences - a qualitative study

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Reviewer: Parker Magin

Reviewer's report:

The manuscript addresses an important issue and contains some interesting and powerful data.

I think, though, that the organisation of the paper may need a little revision. Also, the generalisability of the findings needs to be more carefully discussed and (as a result) the conclusions more carefully framed. But my main concern is with the lack of ethics committee approval.

I am unaware of the particular local requirements regarding ethics approval for research projects in the Netherlands, but at my institution to have conducted this study without the approval of an ethics committee would have been a serious breech of professional and ethical responsibilities. The authors state that “No ethics committee was asked for approval because no ethical dilemmas came up for discussion.” But I would have thought that a study employing interviews with GPs eliciting their experiences and emotional and spiritual responses to the death of their patients and to euthanasia in their practice (and euthanasia for themselves) entails high likelihood of ethical dilemma.

Also, this statement implies that a decision regarding the need for ethics committee oversight and approval was made after data collection rather than prior to the commencement of the study.

Specific comments are:

Major Compulsory Revisions

Selection of participants and implications for generalisability of findings.

The first sentence of Recruiting GPs for interviewing says “To obtain a diversity of opinions and experiences we invited GPs with a variety of world views and coming from practices with differing characteristics”. In fact, 15 of the 18 participants were SCEN-doctors. And the text makes it clear that these were not purposively sampled – there was a blanket invitation and, of those who agreed to participate, five were selected randomly for interview and, of the rest, all who could be organised to participate in a focus group did so.

To obtain further participants, the researchers purposively selected four further interviewees from their “personal network”. There is no indication what this personal network might be – geographic/membership of a professional body/academic or clinical colleagues etc? This should be made clear.
Thus the study participants are unlikely to cover the spectrum of general practice experience and opinion regarding the study topic. Most of the participants represent a very specialised group in terms of the research question and the sample frame from which the remainder were recruited is unclear. Hence, the limitations of study presented in the Discussion should be more explicit. And in the Discussion and Conclusions generalisation of the study findings to all general practice (and to medical education) should be more qualified than is presented here.

The process by which euthanasia occurs in the Netherlands, and the precise role of SCEN-doctors in this process, should be made clear for readers from other countries.

Minor Essential Revisions

In the abstract, Methods:
The meaning of “one set of themes and their mutual relation were determined collectively” is unclear to me – which was the one set of themes and why was only one set further analysed?

In Background, first sentence:
“Recent developments in primary care in the Netherlands require that GPs should reflect on their part in this care.” Which care? This sentence implies that it is primary care. Which seems an odd opening to the paper. Should it be palliative care?

In Point (1) top of page 10. The point is supported by 3 quotes from a single respondent (GP 7). To illustrate that this analysis does not stem from a single respondent, a quote or quotes from further participants should be provided.

Discretionary Revisions

The paragraph (page 12)
“Several of the GPs who were also SCEN doctors indicated that they had changed their opinion about euthanasia as an option for themselves. The reasons they gave for this change were that they now realized that euthanasia is a failure to accept responsibility for one’s own body; euthanasia means bothering somebody else; death is connected with life which one must accept and manage on one’s own; euthanasia is not courageous; and lastly, euthanasia precludes making a natural farewell.”

may fit better with the theoretical category “Personal values and experiences” rather than “Professional values and experiences”

Level of interest: An article whose findings are important to those with closely related research interests
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 that I have no competing interests