Reviewer’s report

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

Version: 1 Date: 22 December 2009

Reviewer: Brian Kelly

Reviewer’s report:

1. Major Revisions
This paper addresses an interesting aspect of clinical practice: the doctor-patient relationship in the care of a dying patient.

Issues that I would like to see addressed include:

- clarification of statement regarding ethics approval for the research

-a clearer statement about the goals of the research. The work draws on existing models of the doctor-patient relationship and from that perspective the goals appear to be confirmatory: ie to confirm the patient, clinician and contextual factors. this remains the structure for summarising the themes that they describe from their data so it is unclear how the findings contribute new information/knowledge.

-the setting for recruitment (ie second opinion doctors for euthanasia) is important and needs further discussion. The paper would be strengthened by focussing on the issues in this group of doctors, since their relationship with the patient is likely to be very different if this is the basis of their contact with the patient. The theme of euthanasia emerges frequently in the data provided but is not systematically addressed within the themes or context of the research. The Dutch context here may need greater explanation.

-the information about the sample was not clear to this reader - page 6 details recruitment of 17 GPs yet data is reported on a total of 18.

-it would be helpful to have the findings presented in a more succinct manner and summation or condensation of the 43 themes would be helpful - perhaps focussing on the theoretical categories. It is unclear how table 4 relates to table 5. The names for themes also need clearer explanation and systematic presentation of data on frequency of themes is needed. These tables, in their current format, were not well linked to the text.

-some conclusions are not well supported by the data or analyses (eg reference is made to differences between older and younger GPs (page 14) but the basis for these conclusions is not presented at this stage. Some quantification of themes by age/gender might address this.

-use of gender specific language eg "he/his" for GP) needs to be revised
-some findings that suggest interesting themes are presented in very general terms (page 14: views of a GP when a patient "resisted dying", or had been "treated too long") - it would be interesting to have these explained and expanded on as these suggest perspectives on patient care that would add depth the paper’s findings on doctor’s views about patients.

-other examples of generalisations that need clarification and substantiation include statements that some doctors had suffered a severe illness, and "some were afraid of death, some not" (Page 17; statements such as the "importance of death in harmony with the person of the patient" (page 20). Again, these suggest interesting conclusions but it is difficult to interpret them without data to support the statements made.

-euthanasia is referred to frequently and requires definition of its use in this context.

-the findings regarding the role of cumulative experiences of caring for a dying patient (page 23) and the relationship with age of the doctor is also of interest and could be given greater focus in the discussion.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Needs some language corrections before being published

**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