Reviewer's report

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

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Reviewer: R Deschepper

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This article covers an interesting and original topic. It sheds light on a topic that until now received little attention. The results are presented in a way that GPs may easily recognize their own experiences and helps them to understand how GPs experience the death of a patient. The paper makes clear that the death of a patient may have a serious impact on both the professional and personal and professional level. This understanding may help to reflect on these events and hence, it is relevant for all GPs (and probably also other caregivers). Therefore the results may contribute to improve end of life care for the patient and efficient coping for the GPs confronted with the death of a patient.

The chosen method is (qualitative interviews) is very suitable to answer the research question.

The paper is clearly written and the paper reads well.

Although I think the authors make a valuable contribution, I also have some remarks and suggestions to improve the paper.

- In the questionnaire for background information, one or two questions about GPs' the experiences with end of life care (e.g. number of patients who the GP cared for in the last year, extra training in palliative/ end-of-life care) would have been useful.

- The interview was based on just one question: “Can you tell me about the case of a patient who died, whose death impressed you?” This is a question somewhat remarkable because it puts the focus on rather exceptional cases instead of the patients encountered ‘every day’. Notwithstanding this question the results seems to give us a good insight about the ‘ordinary’ cases.

Major compulsory revisions

1. The title, research questions, method and results do not optimally fit with each other.

The paper is not about all deaths but about patients, who died not suddenly and not unexpectedly, i.e. patients for whom the GP could care during the terminal phase (at home). In the Background section and abstract the focus is therefore on palliative care. Also the recruitment is narrower than the title suggested: mainly SCEN physicians were recruited (and only 5 other GPs). Hence, I think it is necessary that
a. The title would better reflect the content of the article (by making clear that the paper deals about a specific kind of deaths (patients who died not unexpectedly and for whom the GP cared for during the terminal stage of life).

b. To recognize as a limitation (in the Discussion section) that the sample mainly consists of GPs with more experience and training in care for the dying patients than the average GP. It would also be helpful to give some additional information about the other 5 GPs who were not SCEN GPs. Had these GPs also a more than average experience or training in end of life care? If this is the case, please make this clear in the discussion and pay attention to possible consequences (are the experiences of GPs with less experiences and training the same? Does the death of a patient has more impact on inexperienced GPs?)

c. To check whether the themes in the result section are the most relevant with regard to the research questions (and title).

43 themes emerged but only a selection of them is explained in the Result section. The first theme, for instance, is about ‘the ideal relationship’. Although an ideal relationship with the patient’ can expected to be important, it is not obvious if this is really an essential aspect of the GPs’ experience of the death of the patient. Please explain why/how the themes described in the text were selected from the 43 themes mentioned in the table.

Minor Essential revisions

Background

2. It would be helpful to give an indication of how frequently GPs are confronted with the death of a patient so that the reader knows if this is something that GPs experience daily, weekly or only form time to time. The authors refer to the literature and table 3 is helpful. However, in the text this is very concisely reported and it would be useful to describe a little bit more the state of the art. For instance, is there also literature that suggests the impact of the death of a patient on the GP?

3. The authors refer to recent developments in primary care. The first is a demand for improvement in palliative care. However this theme does not comes up in the Result section and hardly in the Discussion. Was palliative care not an (important) theme in the interviews? Can the authors give as a cue why this is the case? Might this be explained by the fact that a majority of the interviewees were SCEN-physicians who had mainly expertise with euthanasia?

Method

4. The authors refer to Grounded theory as a methodology that ‘guided analysis’. Can they explain a bit more in detail how this was done? Grounded theory is usually a lot of work, e.g. with a main category (have the authors found such a ‘main’ category? e.g. ‘a good death’??) and several dimensions (e.g. the degree of experience?). It should be made clear whether the analysis resulted in a real grounded theory or if it was a more modest study, rather inspired by Grounded Theory and/or using some GT-techniques (such as the constant comparative method) instead of developing a real theory.
Results
5. Tables 4 and 5 give an overview of the themes that emerged in the interviews. It is however not clear to me how the 'main themes' in table 4 relate to the '43 themes' in table 5. The themes from table 4 are not described in the text and it is not obvious what their function was. Were they just a starting point? Please make this more clear (or consider to omit table 4 if this table does not add to a better understanding)

Abstract
6. The Background is too exclusively on the evolution in palliative care (cf remarks above).
7. The last sentence on p 2: ‘the two were confronted by the patients’ death’. I suppose ‘by the patients’ impending death is meant.

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 that I have no competing interests