Reviewer's report

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

Version: 1  Date: 30 December 2009

Reviewer: Cor Spreeuwenberg

Reviewer's report:

Assessment:

1. Is the question posed by the authors well defined?
The goal was to formulate a hypothesis by creating a model showing the interaction between three empirically identified factors.
The three factors were identified well, but less attention has been paid to the interaction between these three factors.
So the question is defined well, but the answer is rather weak

2. Are the methods appropriate and well described?
The methods are appropriate and well described. However, a correct application of ‘grounded theory’ is rather difficult and requires more detailed explanation as has been presented in this paper. For instance the relation between already existing knowledge and research evidence and new presented findings could be presented better (may be by starting to present the ‘state of knowledge’ and than change of precise that knowledge by using the new findings)

3. Are the data sound?
Yes, the data are sound presented

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
Yes, in general the report is presented in a orderly way

5. Are the discussion and conclusions well balanced and adequately supported by the data?
The problem is that the researchers have interviewed a biased group of GPs: SCEN-physicians and self-selected physicians. From other research we know that GPs have different attitudes, opinions, ethical values and behaviours. For instance: the authors write about religious physicians. It would be interesting to contrast religious and non-religious physicians and look at the effects on the (role of the GP in) dying process of their patients.
How do the interviewees deal with all the contextual changes that are mentioned in the beginning of the article?
An other point is that authors do not specify how they define a model. The describe a model, but what thus that really mean?
At least: this are impressions of the interviewed GPs. How do we know for sure that the personal and professional values and experiences really influences the patient and his ‘good death’? Is it not possible that the GPs over-estimate their influences?

6. Are the limitations of the work clearly stated?
Yes the limitations are clearly stated

7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?
See comment pt 2. Not all literature mentioned in the reference has been used. For instance: what is the difference with Spreeuwenberg in 1981(ref 26) who distinguished three models of GPs: the participation model (like Emmanuel in 1992), the mechanistic model and the paternalic model

8. Do the title and abstract accurately convey what has been found?
Yes, the problem is more the relation between the research question and the presented findings

9. Is the writing acceptable?
The English may be improved at some points

Revisions:
My advice is:

Major compulsory revisions
- to pay more attention the used methods and grounded theory
- to pay more attention to the interaction between the identified factors and the contextual changes mentioned in the beginning of the article

Minor essential revisions:
- why start the article with political/professional changes? Is that really the most important motive for this research project? (for instance it looks that dying at home is important while the Dutch government wishes that more people die at home)
- is it true that general practice is more interested in spiritual issues than 25 years ago?
- to explain what has been meant by the word ‘model’
- to match better the literature mentioned as reference and the text of the article
- to explain the use of words as ‘life view’ and ‘world view’ (the same meaning?)
- explain more what you mean with phrases like ‘they now realized that euthanasia is a failure to accept responsibility for one’s own body (p.12). Such a statement needs more explanation. Is that really a professional value are is it more a personal value? See also p. 18 where a GP says ‘I am not very enthusiastic about euthanasia. Is there any GP - who is willing to perform euthanasia if that is inevitable- very enthusiastic?’
- to improve the English

Discretionary revisions
- It may be helpful to elaborate some observations more: one example: on p 15 the authors state that ‘when strong emotions are involved self-care becomes essential’. They give one example about a GP who reflects on his own limits. But how did the other GPs deal with such emotions (see my earlier remark about contrasts)
- Explain p. 19 line 5 ‘the decisive influence of the GP’s personal or professional values is determined by the actual relationships he has with the unique patient’. Does the relationship with the patient influence the GP’s values or (what I suppose) the actual behaviour (despite his values)
- Do all GPs describe the ideal death (p.20) on the same way?

Level of interest: An article of importance in its field

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 have no competing interest in relation to the paper that I have reviewed