Reviewer’s report

Title: Physicians’ attitudes about artificial feeding in older patients with severe cognitive impairment in Japan: A qualitative study.

Version: 1 Date: 10 April 2007

Reviewer: Gunnar Akner

Reviewer’s report:

General
The article by Aita et al is an important study about Japanese physicians’ attitudes towards ANH through PEG. They highlight the paradoxical situation that many Japanese physicians (16/30 in this study) do not want PEG for themselves, while they frequently prescribe PEG to their patients (13/16).

The authors support the opinion of a small number of interviewed physicians (4/30) who favour the method of repeated communication with the family and staff to problematize the insertion of PEG and discuss possible burdens and benefits.

Several informants described personal emotions that made it difficult for them to withhold ANH, eg. the abhorrence of “death by starvation” and the difficulty of “doing nothing”. I believe such emotionally based PEG decisions are similar for physicians in many countries. The authors provide evidence that “death by starvation” causes little suffering. The study may thus contribute to make physicians more aware of the process of dying from starvation and their own emotions related to this. Hopefully, this will reduce the number of PEGs inserted for reasons that are not primarily aimed at helping the individual patient, such as administrative-, economic-, cultural- etc reasons. Similar concerns can be raised against the routine of giving 300 cc intravenous fluid per day “as a sort of halfway measure”, mainly serving the purpose to make care providers overcome the image of “doing nothing”. Is there any evidence at all to support these kind of staff-oriented rituals? My concern is that such rituals - psychologically justifiable as they may be to some people - still are misleading to patients, relatives, staff and the whole evidence-based culture in medicine and certainly may have negative influence on decision-making (and costs!) in other types of patients as well.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

1. I suggest that the authors include some quantitative data regarding PEG treatment in Japan. This could eg. be done by including a table with the most common diagnoses underlying PEG-treatment in Japan including information of the number of inserted PEG per diagnosis and year.

12 out of 36 references are in Japanese and therefore unaccessible to most readers outside Japan. The editorial office will have to decide whether this is still acceptable.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

1. I suggest that the authors include some quantitative data regarding PEG treatment in Japan. This could include a table with the most common diagnoses underlying PEG-treatment in Japan including information of the number of inserted PEG per diagnosis and year.

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What next?: Accept after minor essential revisions

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