Title: Preferences for active and aggressive interventions among patients with advanced cancer

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Reviewer: Irene J Higginson

Reviewer's report:

Preferences for active and aggressive intervention among patients with advanced cancer

This paper reports a study aimed to “evaluate the correlations that exist between preferences for pursuing active and aggressive medical interventions and various patient characteristics, demographics and other clinical parameters.”

380 patients were surveyed shortly after referral to a palliative care service. Seven questions were asked, in discussions with staff, and where patients were not fluent in English proxy data from relatives were used. These were asked as part of the staff’s assessment. There were 3 options for response - withhold, desires, uncertain. The responses to these questions were tested for association with patient characteristics, it seems in a cross sectional manner – although I was not quite clear. Univariate analysis was used.

Obtaining information on patient preferences for treatment is important. This study found that while many of the patients were either did not want treatments or were undecided – using their assessment methods. CPR and feeding tubes were the least desired. More active treatment was associated with younger age, male, non-Caucasian and better functional status according to the Palliative Performance Scale scores.

Specific comments and suggestions:

1. The definition of patient centredness seem simplistic and rather narrow. The article describes these as: “Patient-Centered Care” may be defined as health care that is respectful of and responsive to individual patient preferences, expressed needs, and personal values.”

   However, see BMJ 2001;322(7284):468

In this paper the main domains of model of patient centredness are:

• Exploring the experience of disease and illness: patients' ideas about the problem, feelings, expectations for the visit, and effects on function
• Understanding the whole person: personal and developmental issues (for example, feeling emotionally understood) and the context (the family and how life has been affected)
• Finding common ground (partnership): problems, priorities, goals of treatment,
and roles of doctor and patient

- Health promotion: health enhancement, risk reduction, early detection of disease
- Enhancing the doctor-patient relationship: sharing power, the caring and healing relationship

Given that the paper is essentially about treatment preferences I believe that the introduction would be better focussed on this, saying that this is one part of patient centredness, but certainly not the whole.

2. It would be helpful to clarify the study design. I believe the study is essentially a cross sectional survey. There are a number of references to ‘baseline’ data in the paper, but no subsequent or follow up data is provided. Was there a follow-up element to the study and if so to when. If the paper is presenting only one component it might be better to present the data simply as cross section, as the term baseline is confusing.

3. The validity and reliability of the seven questions is not given and it would be helpful to know how well these questions were interpreted by patients. What is important is to understand how the discussion about the interventions took place, how were the options presented and discussed, as this may well influence responses.

4. In the analysis and discussion I would have liked to see more emphasis on the hierarchy of interventions, ie those which more patients were decided they did not want and those which more wanted.

5. It would be useful to know if there were differences when patients did not complete the answers and when relatives did. Might this account for some of the ethnic differences found in the study, as relatives would be responding for these patients more often?

6. Had the authors considered multivariable analysis. There are a large number of statistical tests carried out, but no correction for multiple testing. Multivariable analysis might well help to control for this and for confounding variables.

**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:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**

'I declare that I have no competing interests'