Reviewer’s report

Title: Life-ending drug use without explicit patient request in general practice in Belgium.

Version: 2 Date: 3 September 2009

Reviewer: Mette L Rurup

Reviewer’s report:

Major Compulsory Revisions

The author must respond to these before a decision on publication can be reached. For example, additional necessary experiments or controls, statistical mistakes, errors in interpretation.

-Most relevant in international discussions is to be able to form an idea of the type of cases in which life is ended without an explicit request. It would be extremely useful therefore to present more data per case, as is already done in Table 2, instead of on an aggregate level. I would deem it essential to have a Table which shows some case characteristics per case, at least:

#diagnosis and comorbidities,
#physical and psychological symptoms/main source of the suffering,
#level of consciousness,
#whether there had been discussion with patient/relatives beforehand or at the time of decision-making,
#other important case characteristics if applicable.

-fig 1: the first (non-sudden deaths) and the second step (deaths in a home or care home) should be switched, so the number of deaths without an explicit request can also be divided by the denominator of the total number of deaths at home or in a care home. The incidence rates of medical decisions at the end of life are usually presented as a percentage of the total number of deaths rather than as a percentage of the number of non-sudden deaths. To prevent confusion, both rates should be presented, preferably with 95% confidence-intervals. If data is not available to present both rates, incidence rates should not be presented at all, and this (first part results, line 85-89) should be moved to the methods section. The rates do not answer any of the research questions and therefore, the first paragraph of the results would be better suited in the Methods section anyway.

· Minor Essential Revisions

The author can be trusted to make these. For example, missing labels on figures, the wrong use of a term, spelling mistakes.
Table 3: if it is known what type of treatment was foregone, please describe this in the text. Sometimes, withholding a futile treatment is also considered forgoing a treatment, sometimes only realistic treatments are considered an "end-of-life decision".

Table 3: the decisions shown in Table 3 are said to be made besides the decision to give life-ending drugs. In 10 cases the decision to intensify the symptom alleviation was made jointly with the decision to give life-ending drugs. Because in most cases opioids, possibly combined with benzodiazepines, were given to end the life, the question rises whether the decision to give symptom alleviation should be classified in ten cases as a joint but separate decision. It seems more likely that these medications were given with a dual purpose: alleviating symptoms and hastening the end of life. This should be described in the Results section.

-In the discussion (line 191) it should be made explicit that the incidence rate is made on the denominator of non-sudden deaths (or it should be left out, see above).

· Discretionary Revisions

These are recommendations for improvement which the author can choose to ignore. For example clarifications, data that would be useful but not essential.

-The data that are presented in Table 2 are not very meaningful in my opinion, and this Table could be omitted. Ideas about suffering are very subjective, and may tell us more about the physician than about the patient. Furthermore, the questions itself have been much criticized when used in previous studies: suffering is either unbearable or it is not unbearable, what does it mean to say the suffering is unbearable to a certain degree?

-It would be interesting to add one or two case descriptions in a Box. (If necessary, some characteristics can be changed to make the case unrecognizable.)

-Table 4 shows that in 8 cases the time between administration and death was less than a day.

#the time between the last administration and death would be very relevant as well (if available)

#the time "less than a day" could be subdivided into more meaningful categories. It makes a lot of difference whether someone died within a minute after administration, one hour, or 12 hours.

-ref 12 has been published (is mentioned as in press)

What next?

----------

Based on your assessment of the validity of the manuscript, what do you advise
should be the next step?

- Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

(Actually: accept after the major compulsory revisions have been made)

Level of interest

-----------------

BMC Public Health has a policy of publishing all scientifically sound research whatever its level of interest. However if you choose one of the first three categories below, we may ask the authors if they would like the manuscript considered instead for the more selective journal BMC Medicine.

- An article of importance in its field

Quality of written English

--------------------------

As we do not charge for access to published research, we cannot undertake the costs of editing. If the language is a serious impediment to understanding, you should choose the first option below, and we will ask the authors to seek help. If the language is generally acceptable but has specific problems, some or all of which you have noted, choose the second option.

- Acceptable

Statistical review

--------------

Is it essential that this manuscript be seen by an expert statistician?

If you feel that the manuscript needs to be seen by a statistician, but are unable to assess it yourself then please could you suggest alternative experts in your confidential comments to the editors.

- No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests

-------------------------------

We ask all peer reviewers of medical papers to declare their competing interests in relation to the paper they are reviewing. The peer reviewer declaration is included in the report bearing your name that will be sent to the authors, and published on our website if the article is accepted.

In the context of peer review, a competing interest exists when your interpretation of data or presentation of information may be influenced by your personal or financial relationship with other people or organizations. Reviewers should
disclose any financial competing interests but also any non-financial competing interests that may cause them embarrassment were they to become public after the publication of the manuscript.

When completing your declaration, please consider the following questions:

- Have you in the past five years received reimbursements, fees, funding, or salary from an organisation that may in any way gain or lose financially from the publication of this paper, either now or in the future?

- Do you hold any stocks or shares in an organisation that may in any way gain or lose financially from the publication of this paper, either now or in the future?

- Do you hold or are you currently applying for any patents relating to the content of the manuscript? Have you received reimbursements, fees, funding, or salary from an organization that holds or has applied for patents relating to the content of the manuscript?

- Do you have any other financial competing interests?

- Do you have any non-financial competing interests in relation to this paper?

If you can answer no to all of the above, write 'I declare that I have no competing interests' below. If your reply is yes to any, please give details below.

I declare that I have no competing interests