Reviewer’s report

Title: Canada’s Compassionate Care Benefit: Is it an adequate public health response to addressing the issue of caregiver burden in end-of-life care?

Version: 1 Date: 1 January 2011

Reviewer: Nils Schneider

Reviewer’s report:

Thank you for the opportunity to review this really interesting paper which is highly relevant for public health. I think it needs some revisions as stated below.

- Major Compulsory Revisions

1. The authors need to clarify their definition of palliative/end-of-life (P/EOL) care in this paper. Internationally the terms are inconsistent used (e.g. wider or narrow sense?). In Europe, for example, palliative care and end-of-life care are often no synonyms.

2. The description of the concepts (pages 3-7) is interesting, but I think it is inadequately extensive. The introduction should focus on the MAJOR points that are relevant for understanding the study’s background and the research question. I recommend significantly revising and shortening the overviews of the three concepts.

3. At the end of the introduction, the research question should be clearly stated.

4. In the methods section, the authors should explain why the recruitment was stopped after 57 interviews (e.g. sample size pre-defined? data saturation?). Were any exclusion criteria defined?

5. More information about the interview guide should be given (development, structure, pretest, examples for items).

With regard to the demographic and social data, there is no information about the major diseases of the patients who received family care by the interview participants. However, it is likely to make a difference if a family member suffers from, e.g., cancer, heart failure, frailty or dementia. If these data were not collected, the authors should explain why, and address this issue in the discussion.

6. It becomes not fully clear how the qualitative data analysis took place. In the results the data are organised according to six determinants of health. Are these the major categories (inductively?) derived from the data? Or did the authors pre-define the determinants according to the main concepts as described in the introduction and used them for the initial coding scheme (deductive approach)? Please describe your process of data analysis in more detail and refer to a relevant methodical approach.

7. The findings are appropriately discussed with respect to the main concepts of the study and the Canadian situation but I think there is a lack of internationality.
In many other countries there are also efforts and programs to support informal caregivers. It would be interesting for readers from other countries if the authors would strengthen the international Public Health perspective.

8. The authors address the major study limitations (page 15). However, it would be interesting to further discuss WHY there was disproportionate representation of participants across the provinces, and what this means for the significance of the findings.

- Minor Essential Revisions
- I would appreciate if the authors briefly describe the methods used for data analysis also in the abstract.
- It may be better to start the results section with a brief description of the participants’ characteristics.
- There are some spelling mistakes (e.g. page 3, line 4; p 15, study limitations, line 1)
- Please check reference 51 on page 15

- Discretionary Revisions
- Title: the study type could be added (e.g. ... “A qualitative interview study with caregivers”).
- Methods, recruitment: The sentence “Before recruitment, the study was approved ... Ethics” may be better placed at the end of the method section.

**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.