Reviewer's report

Title: The experience of palliative patients and their families of a family meeting utilised as an instrument for spiritual care: A qualitative study

Version: 2 Date: 12 November 2010

Reviewer: Peter Strang

Reviewer's report:

Generally, I find this paper interesting and well-written about an important topic. However, there are some structural issues that I would like to comment on:

Major compulsory revisions:
- The research question (aim) is not explicitly defined, even if I understand the aim. This could be clarified.
- My principal comments are on the definition of "spiritual" in relation to "psychosocial". Although the authors conclude that "spiritual" has many definitions and they choose "the web of relationships that gives coherence to our lives. Religious beliefs may or may not be a part of that web. This web may include relationships with places, things, ourselves, significant others and a power beyond ourselves".

I agree that this is one possible definition, but still the problem is (from a palliative point of view) that we always discuss the 4 dimensions: physical, emotional, social and existential/spiritual.

Most issues, e.g. "relationships" are more or less connected to all 4 dimensions, but still it can be MAINLY a social issue in certain contexts and MAINLY a spiritual in other contexts.

To me, the content and the examples in the Results section are mainly of psychosocial nature (which are important!!) and to a lesser degree spiritual.

Therefore, I have problems with the Title ("spiritual care"), as I read the Results as mainly "Psychosocial care" and just partly "Spiritual care"

Some examples: Theme 1: "relaxed and open atmosphere"
Theme 2: ..."been given an arena to say things"...
Theme 3: "...surprised by... the degree of openness"
Theme 4: "...family bonds had been strengthened"
Theme 5: "informal, relaxed and un-pressured approach..."
Theme 6: "...having more than one family meeting..." (would have been desirable)
Theme 7: "should be available to everyone.."

My point is, that for every theme, much of the results are related to important
psychosocial issues (and the Murphy Model seems most useful), but I would like to see a crystallisation of the primary spiritual issues. There are definitely such examples also, but they are "diluted" by the psychosocial aspects.

My suggestion would therefore be to try to separate the more typical psychosocial issues from the typical spiritual issues (although I am well aware of the grey-zone).

If you go for that solution, the Title should be "psychosocial and spiritual care" and the spiritual issues should be motivated more in detail in the Discussion.

E.g. "sense of making contribution to research and others (Theme 2)" (=altruism) is meaning-making and in that sense spiritual whereas e.g. Theme 5 Meeting facilitation ("being informal and relaxed") is mainly about communication and in that sense a (psycho)social aspect.

One more example: Theme 2, 2nd para: "...motivated to initiate contact with an estranged grandchild" is mainly a social issue if you focus on re-establishing social bonds, but it may turn out to be an existential/spiritual issue if the underlying cause is guilt (related to man’s freedom to make choices, unethical choices may lead to guilt).

My second main comment is that the experiences of the patients and the family members are mixed. I can see the point that a "family model" is for the whole family. On the other hand even a "family model" may be more suitable for either patients or for family members.

Therefore their experiences should be separated more clearly.

I would encourage you to revise the manuscript, I find the manuscript as a whole as interesting and important and methodologically sound.

**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.