Reviewer's report

Title: Recommendations to improve the end-of-life care system for homeless populations: A qualitative study of the views of Canadian health and social care professionals

Version: 1 Date: 25 June 2012

Reviewer: Edward Ratner

Reviewer's report:

This is a carefully done multi-site study of providers of homeless services regarding issues related to end of life care. The issue is relatively understudied and the literature benefits from this type of report. The writing is generally clear. Use of quotes from interviews is effective and appropriate.

Background has some inadequacies to prepare the reader for the data, as few readers would know much about the end of life care system in Canada. Without such information, it is particularly difficult to generalize the data to other systems or countries. In addition, authors missed two key publications with similar purpose and methods, that describe interviews with homeless individuals.

The methods of analysis are inadequately described, with uncertainty that the authors used typical qualitative methodologies to code data (e.g. multiple independent coders who then compare results).

The recommendation regarding use of harm reduction strategies in end of life care is unclear. Are there end of life services desired or acceptable to someone who is still able to obtain illicit substances (e.g. street drugs)? Would not appropriately prescribed analgesics (including methadone) potentially substitute for illicit drugs? Do Canadian end of life providers forbid use of alcohol?

I expect authors can easily address the revisions requested and should be encouraged to do so. As long as they can justify the methodology for analysis they used and add the requested content, I would support publication of this useful article.

Major Compulsory Revisions

1. Song et al research describes external factors that are of concern to homeless regarding end of life care. These should be considered and references. http://www.springerlink.com/content/77045v1582353111/ and http://www.springerlink.com/content/c0uq3m07833606rv/ [Note: Reviewer is a co-author on these articles.]

2. Need to describe how many interviewers there were? How trained?

3. Need to describe how many people involved in coding? What was process for collaboration between coders?
4. Since dying patients most needing end of life care services typically can no longer access street drugs and often, regardless of housing status, have altered cognition, it is unclear how history of substance abuse or mental illness inhibits enrollment in end of life care programs. Article needs better description of the types of services homeless patients are denied.

5. A limitation to add is lack of interviews with mainstream end of life providers, who may have provided a different perspective on why they serve relatively few homeless individuals.

Discretionary revisions:
1. Epidemiology of homelessness should be expanded beyond Canada, as there is an international audience of readers.
2. Background section should describe end of life care system in Canada, such as eligibility and reimbursement and co-pays for hospice programs and whether communities studied had residential hospice facilities.

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 have been a consultant for a hospice program, Heartland Home Health Care and Hospice (USA).
I have encouraged reference to related articles that I have co-authored.