Author's response to reviews

Title: Heterogeneity and changes in preferences for dying at home: a systematic review

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Author's response to reviewers' comments:

Dear Dr. Becker,

Thank you for your email and for considering a revised manuscript. We found the reviewers’ comments very helpful and made changes to address them. We hereby submit the revised manuscript and our response to the reviewers’ comments. Please let us know if you have any queries.

We look forward to hearing from you soon.

Kind regards,

Barbara Gomes on behalf of all authors

Response to reviewers’ comments

Reviewer: Imke Strohscheer

We thank the reviewer for the complimentary comments about our paper. We agree that it is critical to find out why most people still do not die at home if that’s the preference of the majority, as we found. However, we feel this is beyond the scope of the present systematic review. There are other studies that contribute to answering this question, including a systematic review we undertook a few years ago to determine factors influencing death at home in cancer (Gomes and Higginson 2006). The question raised by the reviewer is, nevertheless, very pertinent. Hence we added a comment in the discussion (page 25), stressing the need for stronger action on factors found to influence death at home for cancer patients so that more are able to meet their preferences to die at home, and the
need for further research to understand what factors influence death at home for people dying from non-malignant diseases, where the evidence is thinner and the chances of dying at home are, we know, generally lower than for cancer patients (Cohen et al 2010).

Reviewer: Sabine Bader

We thank the reviewer for the complimentary comments about our paper and for the minor revisions suggested.

Minor essential revisions
We have now corrected the three errors identified, many thanks.

Discretionary revisions
1. Indeed, the other studies examined preferences but did not provide enough information about the number of participants to extract percentages for home preference. We have made this clearer in the revised manuscript (page 7).
2. We used percentages to make the quality assessment scores easier to understand for readers, but are cautious about comparisons of scores of qualitative studies with qualitative studies as the criteria from the two quality assessment scales are very different. Considering the reviewer’s comment, we added a cautionary note about making comparisons of quality scores between qualitative and quantitative studies to the methods (page 6).
3. We have included information on the numbers of participants in high quality studies where we could in the text, without making it too burdensome for readers to read. Nevertheless, the information is available in additional file 3, and figure 4 illustrates the number of participants according to study quality, as pointed out by the reviewer. Also, Table 1 reports on the number of participants in the high quality studies, although we acknowledge that we did not make this clear in the main manuscript and because of that have added the following sentence in page 11: "The 14 high quality studies report on preferences for 6,463 people (1,400 patients, 836 caregivers and 4,227 members of the general public) (Table 1)."
4. We think this is an important point and have therefore added a comment in the discussion (page 24).