Reviewer’s report

Title: Case conferences general practitioners and specialist teams to plan end of life care of people with end stage heart failure and lung disease: exploratory pilot study

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Reviewer: Bert Leysen

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In general, a very nice article about a intuitively useful way to organise interdisciplinary meetings to provide efficient and patient-centered care to non-oncological patients in a palliative situation.

1. Major compulsory revisions: in my opinion, none

2. Minor essential revisions: I haven’t noticed any

3. Discretionary revisions

3.1 "Methods/Setting": was there any specific reason why the Heart Failure and Lung teams were chosen to participate? I suppose there also is for instance a Chronic Kidney Failure Team, or isn’t there?

3.2 "Methods/Participants and Case conference process": one GP refusing to participate. I would want to know why this GP refused to participate. Refusals can be interesting in implementation/efficacy research, particularly in the pilot phase. You might come to some real-life barriers to your project when you ask why someone doesn't want to participate.

3.3" Discussion/The proportion of recommendations enacted was somewhat low. This may have been the result of many recommendations being for medication related that could be enacted if and when symptoms became troublesome, but which were not required immediately." It might be interesting to have numbers here to assess what you suggest here (the impact of the anticipatory nature of some recommendations on the level of their enactment). This insight might help to reformulate given recommendations, making them more SMART=Specific, Measurable, Acceptable, Realistic and Time-bound - then it could be easier to control their enactment. For myself, I believe that if a troublesome symptom has been anticipated and you know as a health professional that the patient can use the appropriate drug whenever he or she needs it, the recommendation is enacted even if the patient will never have used the drug.

3.4 "Conclusion". I'm happy you will develop the process of data collection for patient outcome assessment - that seems the most important source of evidence to me.

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.