Reviewer's report

Title: A recipe to create surgical buy-in for perioperative advance-care planning for high-risk surgery: A qualitative study

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Reviewer: Jan Schildmann

Reviewer's report:

Major Compulsory Revisions

1.) The authors use two concepts which are far from simple and uniform, namely "advance care planning" (ACP) and "decision aids" (DA). As I understand it from the paper the authors combine both concepts in the sense of decision aid supported advance care planning.

It would be of help to the reader if it could be explained in more concrete terms what form of ACP (e.g. who is involved, procedural aspects, content of discussion(s) and DA (e.g. rather a list with questions or decision trees...) are meant in this context. While I am aware that at the end the answer depends also on the result of the study I assume that the authors had concepts of ACP and DA in mind before the interview study started. In this respect it may be also of interest whether these concepts have changed during the research.

2.) The authors correctly point out in the limitation that there is quite a difference of analysing ad verbatim transcripts versus analysing protocols written by the researcher during or after an interview.

However in the result section this gets sometimes blurred. For example it was not clear for me whether in line 166/167 this is an ad verbatim quote from the interviewee or a quote taken from the note of the interviewer.

Discretionary Revisions

The manuscript in my view would gain if the key messages would be substantiated by more quotes taken from the researchers' notes (e.g. content of lines 135-144).

Line 142ff suggests that several surgical specialities have a "high probability that patients may be in some way limited afterward surgery". This sounds rather stark to me and could be put more nuanced since for example in cardiac surgery a considerable proportion of operations is routine care without such high risk of negative outcome.

The authors may explain why patient representatives but not patients who experienced surgery were included in the sample (or if they were clarify). Another limitation which could be discussed is whether the sample of stakeholders (e.g. involvement in medical decision-making research/palliative clinical care and/or
research/end-of-life care policy making/patient advocacy) may be relevant for the overall positive responses to the idea of ACP supported by a DA in the surgical context.

**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