Reviewer's report

Title: Feasibility of assessing quality of care at the end of life in two cluster trials using an after-death approach with multiple assessments.

Version: 2
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Reviewer: Antony Arthur

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This is a potentially useful contribution to the literature around measuring quality of end-of-life care. Occasionally I felt there was a drift from the aims of the study to what was reported in the findings. This is demonstrated in the abstract (though is a problem throughout the paper). Much of the abstract was focused on the differences in the two populations. That they are different isn’t really surprising though if it is important to report those in the abstract then it would be helpful to report the nature of those differences. But the standard of the comparison section in the paper seems to me crucial – the authors have set up criteria for feasibility. I’d therefore expect to see a table that shows how each population met or didn’t meet these criteria (in table two for example the median and range of interval between death and assessment but that doesn’t tell as what proportion were seen between 2 to 4 months which is the particular criteria for that variable).

In the introduction there are good points made but the style of writing (a little ‘clunky’ at times and often lacking in precision) sometimes gets in the way of understanding the point being made. For example ‘worrries that using proxy respondents may lessen the subjectivity and validity…’ – it’s not clear why lessening the subjectivity is a worry. On the next page ‘measuring the qualitative patient experience’ – of course it’s useful to attempt to measure experience but I’m not clear why we should attempt to measure the qualitative patient experience.

It is not possibly to tell whether the differences between the settings are due to the settings themselves or the particular studies (or research teams) given that each trial was performed exclusively in one type of setting (hospital or hospice). I appreciate the authors can’t provide full trial details but are there published protocols or ISRCTN numbers that can be provided.

The recruitment process could usefully be illustrated by a flow diagram given that my understanding is that some of it was sequential. It would help too to illustrate the multi-dimensional approach used.


Is it possible to report item non-response as another measure of adherence/feasibility?