Reviewer’s report

Title: When do patients with dementia receive spiritual care at the end of life? A prospective study on predictors of the provision of spiritual end-of-life care as perceived by physicians

Version: 1 Date: 5 September 2014

Reviewer: Katharina Heimerl

Reviewer’s report:

- Major Compulsory Revisions

1. There is a paucity of data and published papers concerning the important issue of spiritual care for people with dementia. Therefore I am convinced that it would be of merit for research if this paper was published.

2. I understand the necessity to operationalize spiritual care in order to subject it to statistical analysis.

3. I do agree with the statement of the authors: “Nurses provide spiritual end-of-life care that is not formalized in care plans and is perhaps not be documented either…” (discussion, p. 17)

4. Nevertheless I have the following major concern: As the authors state on page 17 “Our outcome purposefully referred to more formal, religion-related and ‘visible’ spiritual care (…)”. I do not support the hypothesis of the authors that ‘last sacraments and rites’ can be used as operationalization of palliative care, nor is it valid to conclude on spiritual care from the provision of last sacraments and rites. Similar approaches have been denominated as “highly reductive constructs” in the literature (Cobb, Dowrick, Lloyd-Williams 2012). Spiritual care is much more comprehensive, covering a wide range (Twycross 2003 quoted in Watts; Psaila 2010; Kellehear 2002), drawing on broad understandings of spirituality (Holloway et al. 2011).

5. I recommend replacing the term “spiritual care” in the title as well as in the discussion and conclusion by “last sacraments and rites” or (second choice) by: “selected aspects of spiritual care”.

- Minor Essential Revisions

6. P. 7 paragraph 3 “Physician and family assessments” should be: “Physician and family care givers assessment”; since not the family as a system has been assessed but the family care givers perceptions of resident’s needs.

7. P.8: “…possibly also to factors such as demographics” is a little bit vague

8. P. 8: “…palliative care is person-centered by definition”: interesting statement, please elaborate or reference.

9. Please explain, what is considered to be “last sacraments and last rites”
10. P. 14: Subheading: Independent predictors of end-of-life care should be Independent predictors of spiritual end-of-life care. Following my above recommendation it should be replaced by “last sacraments and rites”.

11. P. 17. : Discussion: the comparison with the four-state study is only correct, if they are using the same operationalization for spiritual care

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**
I declare that I have no competing interests