Author’s response to reviews

Title: Unbearable suffering and requests for euthanasia prospectively studied in end-of-life cancer patients in primary care

Authors:

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Author’s response to reviews: see over
Dear editor,

We are glad that our manuscript has been accepted. The language of the manuscript has been edited by a native-English speaking U.S. university graduate experienced in professional writing.

1-The following editorial changes have been made in the manuscript:

Abstract, page 2:
-line 4: “ongoing” instead of “continuing”
-line 6: “The majority of EAS is performed in cancer patients in the primary care practice.” instead of “EAS in the majority is performed in primary care and most frequently concerns end-of-life cancer patients.”
-line 19: “requested EAS” instead of “requested for EAS”
-line 20: “8% of the patients” instead of “8%”
-line 22,23: “in the prevalence” instead of “in prevalence”

Introduction, page 3:
-line 3: “permit EAS” instead of “consider EAS permitted”
-line 5: “allow EAS” instead of “permit EAS”
-line 6: “prospect-less” instead of “prospectless”
-line 10: “is allowed” instead of “permitted”
-line 12: “The Netherlands has a population of nearly seventeen million and 136.000 annual deaths.” instead of “In the Netherlands (population nearly seventeen million, ~ 136.000 annual deaths)”
-line 17: “Performed euthanasia in the Netherlands has been studied in 5-year intervals since 1990” instead of “trends in performed euthanasia have been studied with 5-year intervals since 1990”
-line 21-23: “In the 2010 study 79% of all EAS patients has a cancer diagnosis. Eighty-eight percent of EAS cases were performed in primary care” instead of “In 2010 in 79% of all cases of EAS cancer was the diagnosis, 88% of EAS were performed in primary care”
-line 25: “last” instead of “ultimate”

Methods, page 3:
-lines 35-37: “Those eligible for the study were terminal cancer patients expected to die within half a year and who were expected to live at home (most of the time) until death. They were cared for by a GP as the primary responsible physician.” instead of “Eligible were terminal cancer patients expected to die within half a year and were expected to live at home (most of the time) until death, and cared for by a GP as the primary responsible physician.”
-line 40: “requested participation from eligible patients.” instead of “requested eligible patients to participate.”
Methods, page 4:
- line 1: “When a patient died the treating physician was asked” instead of “If a patient had died it was asked”
- line 2: “a record of the date of the request was not part of the study design.” instead of “to record the date of the request was not part of the study design.”
- line 10: “Patient recruitment occurred” instead of “Patient recruitment was”
- line 14: “Seventy-two patients refused to participate” instead of “The reason why 72 patients refused to participate”
- line 17: “follow-up period” instead of “follow-up”
- line 23: “All GPs agreed to share” instead of “All GPs agreed on sharing”
- line 30: “opportunity” instead of “possibility”
- line 35: “co-morbidities” instead of “comorbidities”
- line 37: “co-morbidity” instead of “comorbidity”

Methods, page 5:
- line 32: “written down as quoted phrases” instead of “written down as literary phrases”
- line 34: “rates these as well” instead of “rates these also”

Methods, page 6:
- line 1: “as they were the interviews closest to death” instead of “being the interviews closest to death”
- line 3: “The question about the intensity” instead of “The question on intensity”
- line 20: “The raters then deliberated” instead of “Than the raters deliberated”
- line 22: “after discussion” instead of “after exchange of arguments”

Results, page 6:
- line 33: “This rarely occurred” instead of “This however hardly occurred”

Discussion, page 7:
- lines 18-22: “The present study touches on fundamental questions about suffering, autonomy and the tasks of the medical profession concerning life and death. We have not identified prior patient directed studies which prospectively investigated unbearable suffering in relationship to requests for EAS in a cohort of patients. EAS in one out of three patients with an explicit request for euthanasia is comparable to findings in other studies in the Dutch setting [13,14,49,50].” instead of “In this study unbearable suffering was investigated in end-of-life cancer patients cared for in Dutch primary care. EAS in one out of three patients with an explicit request for euthanasia is comparable to findings in other studies in the Dutch setting [10,11,49,50]. A particular strengths of this study is its originality. Through prospective, patient directed research, it touches on fundamental questions about suffering, life and death, autonomy and the question of the tasks of the medical profession. We have not identified prior prospective patient directed studies investigating unbearable suffering in relationship to EAS.”
- lines 33-36: “This indicates that the criterion of unbearable suffering, also when not being the decisive motive to request EAS, may be met in the majority of end-of-life cancer patients cared for in
primary care when initiating the procedure of compulsory criteria assessment to evaluate whether EAS is permitted.” instead of
“This indicates, that in case of initiating the procedure of assessment of the compulsory criteria to evaluate whether EAS is permitted, the criterion of unbearable suffering in the majority of end-of-life cancer patients cared for in primary care may be met a priori, also when not being the decisive motive to request EAS.”
-lines 36-37 :” How to interpret this finding as part of the process in which physicians respond to requests for EAS is unclear.” instead of “How this finding needs to be interpreted in the process in which physicians respond to requests for EAS was beyond the scope of this study.”
-line 42: “Motives to request EAS” instead of “Motives to request for EAS”

Discussion, page 8:
-line 4: “The prevalent role” instead of “However, the prevalent role”
-line 10: “e.g. physician initiated discussions of the subject of EAS” instead of “e.g. physician initiated bringing up of the subject of EAS”
-line 24: “Therefore little is known” instead of “Therefore not much is known”
-lines 27,28: “some GPs, since adopting a more caring attitude, found they no longer had to perform euthanasia” instead of “some GPs experienced that since adapting to a more caring attitude they no longer had to perform euthanasia”
-line 30: “We cannot rule out the possibility of differences” instead of “We cannot rule out that there are differences”

2-The reference number for the ethics approval is added:
Page 9, lines 9-11:
“Ethical approval
The study protocol was approved by the Medical Ethics Committee at the VU University Medical Center (METC VUmc No. 2002/79).”

We hope that you will find the manuscript improved and look forward to your response,

With best wishes,
Also on behalf of my co-authors,
Cees DM Ruijs