Author's response to reviews

Title: Psychological process from hospitalization to death among uninformed terminal liver cancer patients in Japan

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Author's response to reviews: see over
From authors to reviewers:

Before replying each comment form reviewer Dr. Christine McPherson, we do appreciate to you to point out variable comments. We tried to reply reviewer's comments point by point; so that we can present that every comment by the reviewer was never ignored. We carefully interpreted them and turned them to advantage for the article improvement.

Responses to the comments by Reviewer Dr. Christine McPherson

Psychological process from hospitalization to death among uninformed terminal liver cancer patients in Japan

Version: Date: 5 27 July 2006

Reviewer: Christine McPherson

Reviewer's report:

General
The article has undergone major revision, as detailed by the corresponding author. As a consequence, rather than a review of the suggested revisions in my two previous reviews, the paper as a whole has been thoroughly reviewed.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

Introduction
1. The four types of awareness identified by Glaser and Strauss and the Japanese study by Kashiwagi needs to be explained, since they contribute to understanding the current study and the authors™ suggest that their study is â€œmore verifiableâ€. It is difficult to gauge this from the information given.

We added an explanation in the 3rd to 4th line and 7th to 10th line in the 3rd paragraph of a revised manuscript.

Methods and analysis
2. The authors stated that they used grounded theory and later make reference to content analyses in the second sentence last paragraph of the analysis section, in the first sentence of the section entitled â€œModel development of the psychological processâ€, and again in the last sentence of the first paragraph of the discussion section.
We reviewed again and understood that we had been confused and cited the words of *content analysis* in order to respond a comment of another reviewer more exactly without any careful consideration. Methodology we used was grounded theory, so we deleted the words of content analysis. We really appreciated to point out this important matter.

3. **My previous concern was the reason why so many participants were interviewed given that saturation occurred with much fewer participants, and the ethical implications of this. The author has not addressed this concern and do not make any reference to how the sample size was determined in the current manuscript.**

We added to explain the below sentences in the second paragraph in the Result section (page 11)

> Our previous explanation about the saturation and sample size was definitely insufficient. The reason why we recruited and interviewed much more participants than the necessary number for the saturation was related to an issue of time lag between the time of patient’s recruitment and of the completion of an interview. Specifically, as for the saturation, it was not until the last moment (death) that patient’s whole psychological process and if he was informed of their diagnosis or died without being informed could be identified. In reality, 18 months had already passed from his recruitment until death; during which a number of patients had been recruited and interviewed. When we confirmed the saturation through the analysis of 5 more cases, another couple of months had passed, during which more patients had further recruited and interviewed, resulted in totally 87 patients were recruited. Such time lag is the reason why enough number of recruitments and interviews were conducted. In the ethical implications, however, after the confirmation of saturation, we should have stopped the additional interviews and data analysis based upon those recruitees. On the other hand, the hospital requested us to continue the interview until the last moment of the patients once recruited and started the interview. Since the patients were willingly to be interviewed, we responded to the hospital’s request.

4. **The methods and analysis sections do not contain enough information about how the researchers conducted their analysis. I would suggest elaborating on these processes.**

We added to explain about analysis in the first paragraph in the analysis section (Page 9)

*Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)*

**Discussion:**

5. **Line 9 of paragraph 5. The sentence “Unlike two previous studies...” needs references to the studies added.**
We added the necessary references at the place pointed out.

Discretionary Revisions (which the author can choose to ignore)

6. A schematic overview of the model would improve the clarity of the findings and how the stages relate to one another, and the gates.

We developed a figure showing the relation of psychological stages to one another and the gates. Though it was not easy, the recommendation of the reviewer was really useful and helpful for us. We appreciated it.

The other points that were revised

Table 1
1) “Period of hospitalization” was recalculated, since it was found incorrect when we checked it again.
2) “Period from hospitalization to the first interview” was newly added, so readers are able to see that how many day after the hospitalization the patients voluntarily approached the interviewer.

Table 2
“Period of the stage counted from the hospitalization” in Stage 1 was recalculated, since it was found incorrect when we checked it again.