Reviewer's report

Title: Psychological processes that uninformed middle-aged, hospitalized, male Japanese cancer patients experience in resigned to death: in-depth interview study

Version: 3 Date: 2 April 2006
Reviewer: Christine McPherson

Response regarding revisions by the authors following review
Reviewer’s comments from the second review are in brackets and are stated in relation to the original comments

This paper describes a qualitative study exploring the psychological processes of terminal liver cancer patients, who are not informed of their disease, from hospitalization up until death. Research into this area is important in informing those involved in the care of the patient of the likely psychological sequel and reactions to not being informed of the gravity of one’s illness and impending death.

Background

Major revisions:
The authors make reference to the attitudes of doctors toward informing patients of their disease but do not put this within the context of the prevailing societal norms in Japan regarding self-determination and disclosure of medical information. (This has been addressed)

There is scant reference to the psychological literature relating to the reactions of individuals to diagnosis and impending death. There is also a literature on death anxiety, which would fit with the results of the study. (This has been addressed. A reference needs adding within the same sentence to page 5, paragraph 2, and line 3 in relation to “an advanced study”. A reference also needs adding to page 4, paragraph 1, and line 6, to identify the survey).

Minor revisions:
The authors state the purpose of the study is “to examine the psychological processes of uniformed terminal cancer patients until death”. However, the significance of this purpose is not clearly stated. (This has been addressed)

In paragraph 2- the sentence regarding a survey from the Statistics and Information Department (references 9 & 10), is not clear. (The authors have removed this from the article)

Methods

Major revisions:
Given the nature of the research participants were not made aware of the actual reason for the study. This brings many ethical issues regarding the research that are not addressed by the authors. For example, how did the interviewers deal with this ethical dilemma within the context of the interview, particularly given the rapport over the study period? (The authors have adequately explained the necessity for not informing participants as to the nature of the research, given the aims of the study. However, they have not addressed the ethical dilemma...
of being asked directly by participants about their condition, as the excerpt given as a “typical conversation” on page 19 illustrates. This is not a major revision but the authors might consider addressing it in the discussion).

The interviewers did not ask questions but listened. How did the interviewers explore issues raised by participants in more detail or clarify their understanding of what participants were saying? (My understanding from the article is that this was not part of the interview process).

The authors talk of theoretical sampling but it is not clear whether and how this was carried out. (Reference to theoretical sampling has been removed).

The methodological procedures are not clear and need to be rewritten to improve clarity. The sentence at the end of the third paragraph of this section “Taking correlation..” does not make sense within the context of the analysis. (“Taking correlation..” has been deleted from this passage).

The authors have improved the methods section but it still requires work to structure and make it clearer to the reader. Perhaps the authors might consider putting ethical approval before data collection. There is also repetition between the data collection and analysis, while acknowledging that the approach taken by the investigators is one where data collection and analysis are an on-going process. For instance, the sample is stated twice on page 7 and again on 8. On page 7 the sample are liver cancer patients, whereas on page 8 they are lung cancer patients).

Minor revisions:
The fourth paragraph in the methods section is contains the findings before the reader had reached the Results section. This is confusing for the reader. (This has been addressed).

There needs to be more transparency in the methods section in relation to the interviewers/researchers backgrounds and how this might influence their interpretations. (There is no reference in the methods section to the background of the interviewer or those involved in the interpretations. This does not acknowledge the role of the interviewer as a part of the research, or those involved in the interpretations. For example were the researchers from different disciplines or the same? This has a bearing on how one interprets and explicates meaning and should be stated in relation to the validity of the findings).

Results
Major revisions
The findings are presented in a stepwise way, where all participants progressed in exactly the same way with the same emotions at particular times since their hospitalization. If there was variability in the process, this would be of interest to the reader. Was there any overlap in concerns? (This has been addressed).

The authors suggest that as participants went through one gate into another gate the psychological conditions (feelings and behaviours) in the preceding gate came to an end. Yet on reading the data presented participants were clearly demonstrating certain feelings such as anxiety throughout the periods. (This has been addressed).

Analyzing the data, the authors make interpretations that are not supported by the data presented. For instance, section 3.2.1 the comment “We suggest that while they had vague feelings that death might arrive sometime in the near future, they were not clearly conscious of it”. Again, in section 3.5 the authors discuss the finding that the participants no longer talked about death and looked active and lively. The authors state that “Based on this evidence, the interviewer found that patients had come to terms with their own death at this stage”.


(This has been addressed. However, the authors state that given the rapport with the patient the “interviewer can grasp various states of patients’ mind accurately”. This may need rewording but it is not a major revision).

Minor revisions
The results section is too long and will lose the reader.
(The authors have stated the need for retaining the length of the results section)

Discussion
Major revisions
The discussion would be strengthened by basing the work in current theory (as mentioned in the introduction revisions)
(This has been addressed)

What are the implications of the findings?
(This has been addressed)

Minor revisions
The authors suggest that the interviewer might have pushed participants through the stages. This needs to be elaborated.
(This has been addressed on page 29, line 9)

In paragraph 4 of this section who are the informed patients that the authors are comparing their uninformed participants with? Also in this paragraph the sentence referring to attitudes to death-the source is not identified.
(This has been addressed)

(Additional comments that require revision:
In the Results section if saturation was reached at 38 participants why did the investigators continue interviewing all 59 participants?)

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

Statistical review: No

Declaration of competing interests:
I declare no competing interests