Reviewer's report

Title: Palliative home care for cancer patients - Bereaved relatives' experience. A qualitative group interview study

Version: 1 Date: 10 September 2007

Reviewer: Susan E McClement

Reviewer's report:

General
Thank you for the opportunity to review this manuscript. Given the dearth of empirical knowledge concerning terminally ill cancer patients’ relatives perspectives about the quality and organization of care to patients in a primary health care setting, qualitative research in this area is warranted. However, the manuscript in its current form requires major revision in several areas to strengthen it. To that end, I offer the following specific evaluative comments regarding the major revisions required.

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

1. In the introduction to the paper, the authors introduce the reader to the concepts of collaboration and shared care, however these terms are not operationally defined. Doing so would help to clarify this for the reader.

2. In the introduction, the authors suggest that cancer patients and their relatives’ perspectives of the care experience have not been well examined in the terminal phase of illness. In fact, there is quite a well developed body of literature examining family satisfaction with end of life care, and bereaved relatives' perspectives have been accessed as part of this work.

3. There appears to be lack of clarity regarding the defined purpose(s) of this study. In the introduction, the authors note that there is a profound need for a deeper insight into barriers and facilitators for delivery of good palliative home care. At the bottom of page two, it is stated that they aimed to analyze bereaved relatives’ experiences and preferences for delivery of palliative home care to terminally ill cancer patients in a primary care setting. The paper would have been strengthened had the authors identified the overarching purpose of their project, and articulated specific research questions that were addressed.

4. The rationale for using group interviews to collect information for this study is not provided. While it is an appropriate approach, it is only one of several qualitative methods that could have been used. Justification of the focus group approach would have strengthened the methods section of the paper.

5. It is noted that the sample for this study were close relatives of recently
deceased cancer patients. Was there any consideration given to a broader definition of family for the study? Why or why not?

6. What is the rationale for the death of the patient being less than one year before the inclusion of the relative in the study? Is this to prevent memory decay?

7. It is noted that there is great variability in the months from the patients death to the time that family members participated in the interview. In one case, only 1 month had elapsed. It would be helpful for the reader to understand why and how the decision was made to include family members who are so recently bereft.

8. As regards the focus group method used, it seems that a focus group of 3 is rather small compared to the recommendations cited in the literature regarding the successful conduct of focus group interviews. It would strengthen the paper if the authors explained why and how the groups had such varied composition and size. Did this difference in size influence the interaction that occurred in the groups?

9. As regards data anlaysis, who transcribed in the focus group tapes?

10. A brief explanation is required regarding NVivo and its relationship to the coding procedures undertaken. This will be particulary important for readers unfamiliar with this software.

11. Was saturation reached in the course of data analysis?

12. There is no information provided in the manuscript regarding the measures taken in this study to ensure rigor as it is understood in qualitative research. This needs to be included, particularly given the comment on page 13 concerning the issue of researcher bias.

13. The authors need to be more specific about their claim of disproportinate added value as concerns accessing the perspectives of palliative patients. That there are ethical and practical challenges inherent in conducting research with this patient population does not mean that such work should not be done. Their point on this needs to be clarified.

14. The situation of the findings from the study to extant literature is somewhat limited.

15. The implications for future research and practice need to be more clearly described. For example, how do the authors suggest that a shared care culture be developed within the healthcare system?

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

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Discretionary Revisions (which the author can choose to ignore)
What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of limited interest

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests.