Author's response to reviews

Title: Family meetings in palliative care: multidisciplinary clinical practice guidelines

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Author's response to reviews: see over
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Natalie Pafitis, M.Sc.
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Dear Ms Pafitis

Re: Feedback on revised manuscript “Family meetings in palliative care: multidisciplinary clinical practice guidelines”

I am delighted that you have given ‘in principle’ approval to publish the manuscript. Thank you also for the invitation to consider the discretionrary comments made by referee # 3: I have outlined responses below (which have incorporated the views of my co-authors). A revised manuscript has also been submitted in accordance with the ‘author’s checklist’.

Referee # 3 (BA)

1. This comment is directly linked to comments 3 and 4 which is responded to below.
2. We respectfully disagree that the ICU literature is underrepresented: 50% of the literature review content focuses specifically on ICU. We have however now referenced the Lilly article which is a valuable inclusion.
3. We contend that we have not dismissed the utility of ICU literature: we have clearly outlined the research in this area and acknowledged the potential relevance to the palliative care setting. In fact in the discussion section we already state: “Evidence from the intensive care context appears to offer the best guidance to date”. We have however (quite reasonably) noted that it would be unwise to generalise the findings from other contexts (including ICU) to the palliative care setting given the different population (even though there are some similarities) and different foci of the meetings. Nonetheless, we have now added a sentence at the end of the literature review to ensure the value of the ICU family meeting literature is also explicitly acknowledged in this point of the manuscript. The Lilly article is now cited (see comment #2). We believe that describing the ‘VALUE’ mnemonic is not pertinent for the purposes of this manuscript.
4. The abstract and introduction (amongst other areas) specifically note that the focus of our family meeting guidelines is for the palliative care setting. We are aware that many patients die outside of these environments (eg ICU) but we targeted palliative care settings whose core business is care of people (and their families) with advanced incurable disease. We are also confident that the majority of the readership of ‘BMC Palliative care’ will be able to distinguish the differences between the ICU setting and the palliative care focused setting. However, in order to make this more explicit we have now added ‘specialist palliative care setting’ in several instances throughout the paper and defined this term.

I hope the manuscript now meets your requirements for publication. Please do not hesitate to contact me if you require additional information.

Yours sincerely

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