Reviewer's report

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

Version: 2 Date: 3 July 2008

Reviewer: Bob M Arnold

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- Major Compulsory Revisions
None

- Minor Essential Revisions
Numerous spelling/grammatical errors have not been delineated and will presumably be addressed by the editorial staff.

- Discretionary Revisions

1. The authors have significantly improved the manuscript by broadening the scope of their literature review and tempering their conclusions with a discussion about the need for further research. The paper now seems to simply present a new set of expert-opinion based recommendations for how to conduct a family meeting. We disagree, however, about the utility of the non-palliative care literature and believe the paper could include a more complete discussion of how the evidence informs various parts of their model (see #3 and #4 below).

2. We understand that the authors are not presenting this as a systematic review, but some literature remains under-represented including some of the ICU literature (especially the Lilly article discussed in our prior review) and the decision-making literature.

3. In this new version, the authors seem to dismiss the utility of the literature review because most of the literature is not specific to palliative care (or they at least do not make the links between their model and the literature review clear). We respectfully disagree with the authors about the utility of the non-palliative care literature because it seems to inform their presented model. For example, the idea of proactive family conferences on admission and at scheduled intervals which they present as a “Guiding Principle” was the intervention in the Lilly study. In addition, the VALUE mnemonic from the Lautrette study offers a tested set of objectives for an end-of-life family conference, many of which are part of their recommendations. Although the Lautrette study is now cited, the VALUE mnemonic is not mentioned.
4. We wonder if the different reading of the literature may stem from a different conception of palliative care. We see palliative care as not only happening in a palliative care unit, but also in a consultative setting throughout the healthcare system, including in ICU’s and on medical wards. Therefore, because we practice in all settings, we find all of the literature on how to perform family meetings informative. The authors seem to be primarily focused on family meetings in palliative care units. This, however, only becomes clear in Box 2 when they discuss initiating a family meeting on admission to the palliative care unit. Perhaps if this distinction was made clearer early in the paper, it would support a more limited reading of the non-palliative care literature. Although, even in that setting, we would argue that there are lessons to be learned from this literature.

**Level of interest:** An article of importance in its field

**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