Author's response to reviews

Title: Bereavement help-seeking following an 'expected' death: a cross-sectional randomised population survey.

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Author's response to reviews: see over
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The Editor
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Dear Editor

Re Bereavement help-seeking following an ‘expected’ death – a cross-sectional randomised population survey.

The authors appreciate the opportunity to respond to the very positive and constructive comments of all three reviewers. The paper is stronger as a result of responding to the thoughtful suggestions that have been made.

All of the reviewers’ comments have been addressed. Each is taken in turn, and a tracked change version of the paper has been submitted along with a ‘clean’ version.

Reviewer #1 is concerned about the Methods section. An additional paragraph has been added that described the process of random selection that, in reality, replaces inclusion and exclusion criteria. The Methods and ‘limitations’ sections now more clearly outline the level to which the sample can be considered truly representative.

The fourteen high level questions about palliative and end-of-life care are part of a much bigger set of questions put forward by a wide range of health researchers about a wide range of health beliefs and behaviours (on average 150 questions annually spanning exercise, smoking, respiratory disease etc). This has been drawn out in the Methods section and reference to the questions added in the references at the end of that sentence.

The paragraph on the piloting of these questions has been reworded as suggested. The validity of these questions has not been otherwise established.

Reviewer #1 raises the question of co-morbid psychopathology and its influence on bereavement response and help-seeking behaviours. The authors agree that this is important, and the wording in the ‘Implications for research’ section has been strengthened to reflect that other population-based methodologies will be needed in order to identify and engage with people on a more detailed level about co-existing psycho-pathologies. As noted in ‘Impact on policy and practice’ this is the first step in understanding patterns of care and, as an observational study, there are no conclusions drawn (and the sub-heading in the Abstract has changed to reflect this) but initial patterns for further investigation are identified. As noted in ‘Limitations’ this particular type of face-to-face interview is not the ideal vehicle for the level of detail required to answer such questions.

Reviewer # 2 has asked for the odds ratios to be included in the Results reporting the regression analyses. These have been added as requested to the Results section in the body of the paper and also in the Abstract.
The second reviewer quite rightly challenges the evidence base for bereavement services, what optimal bereavement interventions look like and the outcomes that are currently being achieved by bereavement services. These issues have been taken up as questions that now help to frame the Discussion section of the paper. Addition of these key issues is in a new second paragraph in the Discussion.

Reviewer #3 raises several important issues. The first is how representative this study is of the whole of the population. The Reviewer quotes all cause mortality from Sweden as the comparator, and both Australian and Swedish data reflect similar levels of all cause mortality. The sub-set of bereaved people reported in this study have experienced an ‘expected death’ reducing the denominator by approximately one half. Perinatal deaths, deaths due to accidents and suicide, and other medically derived sudden deaths are not part of this inquiry. This issues has been covered in the second paragraph of ‘Generalisability’. ‘General characteristics of the bereaved’ now also outlines the other diagnoses that people encountered as suggested by Reviewer #3.

A question is raised by Reviewer #3 about the respondents’ age. The reviewer quite rightly points out that more elderly people are likely to be bereaved, however this sample reported is representative of the whole population and the average age of bereaved reflects the whole-of –population sample. More than anything, the results reflect the universality of bereavement from expected death in the community, an observation now reflected in ‘Generalisability’.

Reviewer #3 also comments on the amount of variance that can be explained in the models for seeking any bereavement help (R² 0.22) and seeking professional help (R² 0.33). A separate paragraph in ‘Limitations’ is now included to discuss this specific issue.

The authors again thank the Editors for the opportunity to respond to these useful comments from all three Reviewers.

Yours sincerely

David Currow  
(On behalf of the authors)