Reviewer's report

Title: Provision of palliative care for chronic heart failure inpatients: how much do we need?

Version: 1 Date: 4 February 2009

Reviewer: Brad Stuart

Reviewer's report:

This is an interesting study that documents the prevalence of inpatient heart failure and the appropriateness of increasing palliative care consultation.

Major compulsory revisions: None

Minor essential revisions:

1. Figure 2. Referral criteria to palliative care: On the "In Addition" list, numbers 1 and 3 are redundant. Both refer to refractory symptoms despite optimal treatment. The authors may want to consider changing #3 to psychological symptoms only, keeping the proviso regarding referral to psychologist. In addition, in #1, since "breathless at rest or on minimal exertion" is synonymous with Class IV symptomatology, which in patients who are optimally treated defines Stage D disease, this criterion could perhaps be reworded either as "Class IV symptoms despite optimal treatment," or "Stage D heart failure: severe symptoms despite optimal treatment."

2. Abstract, Results (p. 2): "Of the total inpatient population reviewed, 10 (2.7%) had both confirmed ejection fraction and were appropriate for palliative care" should read "had both confirmed ejection fraction [less than or equal to 45%] and were appropriate..."

Discretionary revisions:


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 have no competing interests.