Reviewer's report

Title: Barriers and needs in paediatric palliative home care in Germany: a qualitative expert survey

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Reviewer: Caprice Knapp

Reviewer's report:

This article describes the barriers and needs of a home-based pediatric palliative care program in Germany. This is a qualitative study that is focused on interviews with palliative care experts in Germany. Although the article is well written and insightful, I have the following major and minor comments/suggestions.

Major Comments

1. I am sure that the experts chosen have the appropriate credentials but there needs to be more convincing information provided about the choice of experts. For example, even though the authors talk about using theoretical sampling, it is unclear what the original pool was they chose from. Are all the experts employed by the same hospital? Did they come from a list of board certified providers in pediatric palliative care? Was there a committee who suggested names? Without any information the reader can only assume that the authors chose people they knew- which is not representative. Table 1 actually makes this even more confusing. For example, it is unclear if the following experts have expertise in pediatrics (not just palliative care, but pediatrics)- funeral director, self-help organization, inpatient clinical care, and psychosocial/spiritual care.

2. There is not enough information about the 2 specialist programs that were started. What diagnoses do the children have? How are they referred? What services are provided? What are their ages? What stage of illness are they in? etc. Are any of the experts who participated in this study associated with these programs? If so, this needs to be clearly stated as a limitation since it will bias the responses.

3. The discussion is too long. In many instances, the results are just restated in the discussion. The discussion should be concise and focus on comparing/contrasting the results with other studies and discussing the impacts of the findings.

4. The major problem with the article is that it provides no new information. These barriers are somewhat universal (at least in developed countries) and have been documented in a variety of articles and reports in the literature. The paper would be better if the barriers were in context so the reader could determine how they are different/the same as in their own country. For example, “an unequal treatment of patients depending on their individual health insurance is deplored.” If Germany has universal health care, how can these decisions be individual-specific?
Minor Comments

1. Again, there is no context for the reader in terms of the demographics of these 2 areas in Germany. The only context is in a footnote. The authors should consider a brief, yet general description of the areas.

2. The paper says there were 24 experts yet 9 were pediatricians + 13 had other professions= 22, not 24.

3. 2 other reviewers revised the independent code. How were disagreements handled? Was interrater reliability measured? This needs to be a rigorous process.

4. Although I understand that the results section reports what the experts said, there are instances where the authors report extraneous text that cannot be substantiated or is overreaching. For example, “pediatric palliative home care often goes along with tensions in the domestic environment…”. This puts the reader in a predicament of either a) questioning how the experts were chosen or b) questioning why the authors would present information that is no directed related to the themes. It also calls the coding into question. Another example is, “the utilization of hospice and palliative care might be associated with abandoning their child.”

5. The paper says that one objective is to make recommendations - where are those in the paper?

6. Under the care infrastructure section the authors talk about ‘continuity of the key contact person.’ What does that mean?

7. Again, an example of a place where the context might be better explained is that the authors state that families don’t know where to refer. In many countries the families cannot make a referral. That has to come from a physician. Putting this into context of Germany’s system would help.

8. Again, be careful about overstating things like the sentence “a regional network or round table are suggested…”? I assume that this has happened in Germany in the past.

9. The discussion mixes up themes, again making the reader questions the coding. There is information on financing in the availability section and access. Admittedly, there will be some overlap, but the themes should be clear and distinct.

10. Why not include information on the demographics of the experts? At the very least the authors could say- they are all female, White, etc.

11. A major limitation is that the authors did not interview families. They mention that these results will be reported in a separate paper. This needs to be restated in the limitations section.

12. Finally, the article needs some proof reading. It is very well written, but there are many sentences that are unclear or do not make sense. A few examples: 1) temporary or resolvable in the medium-term perspective, 2) a shortcoming in the field of psychosocial support is frequently mentioned, 3) continuity of the key
contact person, 4) the run-up to the hospital discharge, 5) referred to as an entity, etc. Also too many compound and long sentences.

**Level of interest:** An article of limited interest

**Quality of written English:** Needs some language corrections before being published

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

**Declaration of competing interests:**

I declare I have no competing interests.