Author's response to reviews

Title: End-of-life care in Germany: Study design, methods and first results of the EPACS study (Establishment of Hospice and Palliative Care Services in Germany).

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Version: 3 Date: 25 June 2010

Author's response to reviews: see over
Dear editors,

Thank you very much for your e-mail from 27 May 2010 and your invitation to resubmit a further version of our paper. We agree with the highly appreciated comments of the associate editor, and apologise for not having sufficiently addressed important suggestions of Dr. Ostgathe. Please find enclosed the revised manuscript of the article “End-of-life care in Germany: Study design, methods and first results of the cross-sectional EPACS study (Establishment of Hospice and Palliative Care Services in Germany)“.

We changed the paper according to the reviewer´s suggestion and associate editor comments.

We would like to respond to these comments as follows:

1) Focus is still unclear and should be more clearly described.

It stays rather unclear whether the focus of the data is end-of-life home care or end of life care in general. The focus seems to be on home care as the new legislation is a central issue and the data is meant to be a baseline for the evaluation “… the impact of structural changes implemented in outpatient palliative care in Germany”. But only
25% of the population is home based. Overall there is no information on place of death. The focus should be made more clear.

Answer:
Thank you for pointing out this important issue. Following the reviewer’s comment we added these considerations in title and introduction to make the focus of this paper more clear (please see amended title “End-of-life care in Germany: Study design, methods and first results of the cross-sectional EPACS study” and page 5 and 6).

“We intended to identify unfulfilled needs of patients and relatives, utilisation of specialist palliative care services, existing gaps and satisfaction with different settings of end-of-life care. With this article we focus on the study design and methods of the EPACS-Study, and analyse factors that could have influenced participation in our study. We further report first results regarding several aspects of outpatient end-of-life care, as these are of special interest in the light of the upcoming structural changes.”

Furthermore we included information on the place of death in table 3 on page 15.

2) Limitations of the questionnaire mentioned by reviewer seem important and are insufficiently dealt with in the discussion section.
The standard documentation tool HOPE is mentioned, but this tool is a team documentation tool mainly on basic data. The presumably used questionnaire is a module for relatives after the patient has died – offered within the HOPE system. This particular module was developed by the German Hospice Organisation (now DHPV formerly BAG) and it has not been tested for its psychometric properties yet, so the results may be of limited quality. This has to be discussed in the limitations section. Interestingly the authors even state that there is validity for “the method of data collection …. “. This should be revised and clarified.

Answer:
Indeed we did not take into account this point sufficiently in our first revised version. Please see our amendments in the Discussion section (page 21).

“The quality of our data is partly limited by the fact, that the questionnaire used (including the questions taken from the HOPE-module) was not tested for its psychometric properties. However, since our study was an exploratory approach primarily aimed at gathering basic information, the questionnaire was not conceived as a tool with defined psychometric properties, but rather as a first step in the assessment of different aspects in outpatient and inpatient end-of-life care.”
3) The information in the figures is of little value if no further information is given about the study population. The population of deceased patients is not sufficiently described. There is no information on the type of diseases for the whole group (- only for the group that had professional home care). Type of disease may have a mayor impact on the perceived quality of end of life care. Is there any information on the type of death (suddenly, accident, predictable …) for the whole group. Where was the place of death? (see above)

Answer:
Following the reviewer´s comment we added more information about the study population in the result section (please see Table 3 on page 15). We included information on place of death, type and course of the underlying disease for the 355 patients who received professional home care and for the whole population.

Please note: The latest changes in the manuscript are marked red.

The authors thank the editorial team and the reviewers very much for the constructive commentaries and hope to have considered them adequately.

Yours sincerely,

Dr. Luis Carlos Escobar Pinzón (for all authors)