Reviewer's report

Title: End-of-life care in Germany: First results of the cross-sectional EPACS study.

Version: 1 Date: 16 April 2010

Reviewer: Christoph Ostgathe

Reviewer's report:

1. Is the question posed by the authors well defined?  
   no
2. Are the methods appropriate and well described?  
   yes
3. Are the data sound?  
   partially
4. Does the manuscript adhere to the relevant standards for reporting and data deposition?  
   partially
5. Are the discussion and conclusions well balanced and adequately supported by the data?  
   no
6. Are limitations of the work clearly stated?  
   partially
7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?  
   yes
8. Do the title and abstract accurately convey what has been found?  
   yes
9. Is the writing acceptable?  
   The paper should be reviewed by a natural speaker

Reviewer`s comments:

The authors present in their paper interesting data on end of life care in Germany. They conducted an ambitious baseline survey in a specific region in Germany on randomly drawn relatives of recently deceased patients using a questionnaire based on the German Hospice and Palliative Care Evaluation System (HOPE). To the reviewers knowledge there has been no other study like this in Germany with a study population that high. Data was drawn before structural changes following the new legislation are implemented in the region of
interest. The paper has some methodological and formal weaknesses that should be revised carefully before re-submission.

Major Compulsory Revisions

- 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.

- More detailed information on the ethics committee decision (#?) should be provided

- 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.

- 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)

- The data presented would benefit from a clear concentration on what is said in the title. There is too much data about not participation, which does not inform sufficiently about quality of end-of-life home care. This part should be taken out completely. Except for a short information on reason for not participating

- Overall the results section is very hard to read; too much data is presented, doubling data from the tables and figures. Here it would be helpful to refer to the major findings and format it in a way that it can be read more easily.

- The discussion section has to be revised thoroughly. Again here the concentration on the non-participation is of lower importance for the major question. Additionally the authors narrow the discussion mainly on repetition of the data, trying to explain, rather than bringing the data found into the context of the very lively discussion in the literature for example on quality and quality indicators in end-of-life care.

Minor revisions:

- Page 4 first line an approach
- Page 5” …. services are made possible nationwide”, this very unspecific. With the new law every patient in need has the right to receive specialised palliative home care. Out of this an obligation to reimburse this service arises for the health insurances. Actually this reimbursement is negotiated in many regions in Germany.

- Page 11 what does that mean: … “the reaction …. was lower(?)

- Page 14 “Nurses were assessed more … positively”. But the data shows no significant difference at least in this point!

Discretionary Revisions

- Interestingly the overall satisfaction seems to be quite high so it should be discussed whether the structural changes are really necessary. The authors may comment on that “dangerous” question. Or is satisfaction a insufficient indicator because relatives tend to answer socially expected?

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

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

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

I declare that I have no competing interests