Reviewer's report

**Title:** Reporting of euthanasia and physician-assisted suicide in the Netherlands: descriptive study

**Version:** 2  **Date:** 3 July 2009

**Reviewer:** Reidun Førde

**Reviewer's report:**

General comments:
I liked this manuscript very much. It is systematic, thorough and with the necessary distance to the difficult subject which euthanasia is, and it is well written. The methodology used is clearly described. The authors also competently deal with the limitations of their study.

I have only minor comments / Discretionary Revisions

It is important to know that the sample is not representative for all euthanasia cases since half of the sample consists of cases where review committees asked for additional information. This was 6 % of all the euthanasia cases which were reported. It would be useful to know the authors’ assumption of how many cases which are not reported and why. That cases are not reported is puzzling since so few doctors receive critique or negative reactions. It would be useful if this had been dealt with, although this is not the focus of the paper.

The second part of the sample consists of a representative sample of the last cases reported in 2005.

The paper shows that Dutch doctors receive a lot of trust in the area of euthanasia, and that the reporting system is not suited for a thorough and critical review of what is actually going on.

A central ethical issue for patient autonomy is information, and the authors clearly state that we do not really know what is included in this. Information very seldomly consists of only objective medical facts.

In the abstract section they say that patient’s request had been well-considered because the patient was clear-headed OR had repeated the request. (Also repeated in the text p. 7) Is there an either / or here, one may both be clear-headed and repeat the request?

In the same paragraph I suggest In 35 %, physicians reported that there had been alternatives to relieve patients’ suffering, but these were refused by the majority of patients. Or have I misunderstood?

On p. 3 the authors state that the Dutch model is basically medically oriented. Could this be rephrased as "based on trust in the doctors’ assessments and actions" ??
The assumption that one or more physical symptom is a proof of unbearable suffering could be commented on.

In table 1, 1 patient was reported as not being fully aware of his medical situation. Does he then fill the criteria of euthanasia (only competent pt, and in competency lies the ideal of information etc)?

That the doctor knows the patient does not guarantee that autonomy criteria are filled (also table 1).

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

**Quality of written English:** Acceptable

**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