Reviewer’s report

Title: The Role of Advance Directives in End-of-Life Decisions in Austria - Survey of Intensive Care Physicians

Version: 2 Date: 10 June 2010

Reviewer: Minna Tallgren

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MAJOR COMPULSORY REVISIONS

1. INTRODUCTION: As the authors are targeting a larger audience than their Austrian colleagues, the contents of their legislation should be explained in detail (Table?). Readers from other countries would be interested to compare the new Austrian legislation to their own. For one, I would like to know

• What changed from before?
• Are the new advance directives (AD) paperwork that patients (or their lawyers) write in their own words, or are there AD forms written in clearly defined terminology to be filled in, signed and witnessed?
• Are there any criteria for information prior to writing an AD?
• Stored in the patients’ personal archives or in a national/hospital database?
• What makes an AD "binding"?
• Is a binding AD binding forever – even if not mentioned by the patient himself but later brought forward by other parties such as relatives?

2. METHODS: Intensive care directors were asked if they recommend creating an advance directive to their patients. Was this an abstract question (enquiring their opinion in general) or a practical one (enquiring about their routine practice in the ICU)?

3. RESULTS: In the Results, please report the figures as number, proportion(%) or both. Please, report exact numbers - "92%" instead of "nearly 100%". 1st paragraph, last sentence: how often (%) was the existence of the directive communicated by the patients, their relatives, or an active search?

4. DISCUSSION: The small figures over two years indicate that patients with advance directives were rarely seen in Austrian ICU’s. It is worth noting that similar but also quite different observations have been made in studies from other cultures, for example


• Collins LG et al. The state of advance care planning: one decade after SUPPORT. Am J Hospice Palliative Med 2006;23:378-384 (or, see the original SUPPORT publications)


5. DISCUSSION/chapter 5: In an attempt to find a solution to the lack of advance directives, the authors present an interesting view suggesting that informing patients about advance directives would be a task for intensive care physicians to accomplish. In my country this would be an impractical solution, as ICU physicians rarely are in professional contact with scheduled patients prior to surgery, unlike the "Hausarzt". Most ICU patients are admitted as an emergency. However, a number of studies have examined the methods how to improve information about advance directives and life support, for example


• Heyland DK et al. Understanding cardiopulmonary resuscitation decision making. Perspectives of seriously ill hospitalized patients and family members. Chest 2006;130:419-428


6. ABSTRACT /Conclusion: "A response rate of almost 60% proves the great interest of intensive care professionals…” Starting the conclusion with a sarcastic remark might be understood as a hint that the whole paper is a joke.

7. ABSTRACT /Conclusion: “Austrian intensivists are still acting on the edge of illegality, even if they strictly adhere to consensus guidelines…” It is not clear what is meant by this sentence, please rephrase. What is illegal - to treat patients without advance directives? Illegal not to have advance directives?

8. KEY MESSAGES: The issues listed as key messages should be based on the study. Although the 2nd and 3rd key message are fine issues, they have no connection whatsoever with this study.

MINOR ESSENTIAL REVISIONS

1. The discussion should concentrate on how to interpret the results of this study. Most of the current text is health politics beside the actual subject.
2. No sources of funding are reported. As the survey was conducted "under the aegis" of OEGARI, was there any financial support from the society or other sources?

DISCRETIONARY REVISIONS

1. It would be interesting to see the questionnaire - an appendix/electronic supplementary material?
2. METHODS: When was the questionnaire mailed – in 2008/2009? How many questions/pages altogether?
3. METHODS/ Statistics: Descriptive statistics were used and expressed as number (percentage). No p-values were actually calculated.
4. RESULTS: Last sentence – as most of the responders were anaesthesiologists, this was expected.

Level of interest: An article of importance in its field

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 that I have no competing interests.