Reviewer's report

Title: Knowing and Being Known: A Qualitative Ethical Analysis of Social Values in Rural Palliative Care

Version: 1 Date: 21 April 2011

Reviewer: Mary Lou Kelley

Reviewer's report:

Minor Essential revisions:

1. Purpose and questions need to be more consistently stated.

In the abstract the stated purpose is: to provide a descriptive account of those values enacted in rural areas that represent “good” palliative care.

In the document, the stated purpose is: To conduct a type of moral ethnography—an exploration of healthcare ethics in rural palliative care. The paragraph proceeds to provide a definition of “good” palliative care drawing on literature about “good” rural health care and “good” palliative care.

In the methods section the purpose is described as: to gain a nuanced understanding of the “values” informing good palliative care from rural individuals’ perspective.

These 3 different statements of purpose is confusing to the reader. In particular, the second and third one appear to conflict. The second one (above) suggests that the definition of “good” has been determined from stated elements found in previous studies (rural health and palliative care) and the third one indicates that the meaning of good will emerge from the data—the meaning is being sought.

There are 3 questions listed on pg. 6 that guide the analysis. These really are the research questions. I would suggest that these be introduced along with a revised and more consistent statement of the purpose of the study before the methods section begins.

2. Please justify why a qualitative ethnographic approach is a methodological advancement as you state in the paper (I agree but you need to justify). Methods to ensure rigour in ethnographic research are used and reported, such as member checking, continuous data collection and analysis, and immersion in the field for lengthy periods of time. Ethics approvals from appropriate REBs are reported. Sampling is described an appropriate to the method.

3. Analysis is appropriate as described. I would like to know how (on what basis) something in the data was considered to be/identified as a “value”. These values would have been interpreted from the answers to the interview questions on pg. 6. This is appropriate but you want the process to be as transparent as you can make it. Maybe provide a couple of examples of ideas expressed directly by participants in the interviews for each of the 3 primary values.
4. Overall, the paper is well written. The word "Data" is considered a plural word; therefore, “data were collected” would be correct. Pg 12 “was not unproblematic” is a double negative...could this be changed? I cannot locate where the term 24/7 was introduced and this should be defined the first time it is used in the document.

Discretionary revisions:

3. Are the data sound?

The data are more than sufficient for the methodology. The length of immersion in the field is 2 years and the number of interviews and field work is more than sufficient. Can any more be said about the sites? Did they have hospitals or home care? Both similarities and differences are interesting and important across sites to provide context for the findings. I appreciate that this is not comparative analysis and the 4 communities are not being treated independently, but at the same time a bit more information on the health and social community contexts helps with determining the applicability of the results which would be only to similar contexts. One idea is creating a table as appended.

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

**Quality of written English:** Acceptable

**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.