Reviewer's report

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

Version: 2 Date: 11 August 2011

Reviewer: Donna M Wilson

Reviewer's report:

The revised manuscript reads well overall, and the changes have been very helpful to outline a good study.

I have some issues still with it, as it reads now, and will outline them now in order of their appearance in the manuscript:

1. the title now focuses on one of the themes arising from the qualitative analysis, and although it is the "main" theme, I am concerned with its use in the title - as there is much more than "Knowing and Being Known."

2. in the abstract and later on, I am concerned on page 6 with the words - worked alongside - when this should perhaps be "shadowed" or "accompanied" or "observed" rural healthcare providers. Research observation is hard work in itself, without the observer working to provide home care!

3. The abstract's results are very clearly outlined as such - "this study illuminated the core values of knowing and being known, being present and available, and community and mutuality that provide the foundation for ethically good rural palliative care." It is unfortunate that these 3 themes are not more clearly outlined in the case study description and discussion and conclusion. In addition, on p. 18 these are described as "ethical tensions", and on page 17 - "highest values" are mentioned instead. P 17 - The authors must be cautioned that NOT all rural people will share the same core values. In the bottom paragraph on page 17 - it is stated that "they are required to go to a strange place to die." Does this mean that NO one dies at home now because of this shift in health care from a small rural to city hospital? This is a very dramatic statement that does not add to the professional tone and information of this manuscript, it does not appear that funds for local homecare were increased with the rural hospital closing.

4. Another issue is that burnout among homecare nurses is not mentioned. It would seem to me that one issue with working 24/7 is burnout. Shift work, broken sleep, long daily work hours, and caring for dying neighbors and other local community people - could all lead to burnout. It is not just family members who burn out, but also paid caregivers.

5. Some wording changes are needed:
   - p 4 - euthanasia is illegal - why mention it here?
   - p 4 - reference 13 is a report of Toronto bioethicists’ opinions - it would be appropriate to tell readers this.
- p. 5 do you mean contradiction and not contradistinction?
- p. 6 do you mean acute care hospital? As acute is vague and may not be understood by all readers. In addition on this page - what is the difference between field work and direct observation?
- p. 12 needed presence - could instead be phrased "on-site"
- please start the section on page 16 with the word - "Some" healthcare facilities are older (as some are brand new)...
- p. 21 presents information that goes beyond the findings - which again are outlined nicely by this statement in the abstract - this study illuminated the core values of knowing and being known, being present and available, and community and mutuality that provide the foundation for ethically good rural palliative care. I would recommend deleting page 21.
- similarly the last half of the paragraph on P 24 goes beyond the findings. I would suggest deleting this section of the paragraph.
* there are a few typos and editing corrections needed throughout the manuscript - such as 11 and 31 references in reference list

**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