Author's response to reviews

Title: Survey of the General Publics Attitudes Toward Advance Planning in Japan: How to Respect Patients Preferences.

Authors:

Hiroaki Miyata (h-m@umin.ac.jp)
Hiromi Shiraishi (hshiraishi@toyonet.toyo.ac.jp)
Ichiro Kai (ichirokai-tky@umin.ac.jp)

Version: 3 Date: 15 June 2006

Author's response to reviews: see over
We wrote our answers in red color. We appreciate your consideration.

Reviewer's report
Patients Attitudes Toward Advance Planning in Japan: How to Respect Patients Best Interests.
Version: 1 Date: 15 May 2006
Reviewer: Todd Elwyn
Reviewer's report:
General
[I will summarize most of my comments here as there are no major defects that require correction.]
The manuscript is of particular interest to those who have observed the evolution of medical ethics in Japan. Japan, as an advanced nation, has been strongly influenced by Western notions about bioethics and patient autonomy. The manuscript notes that Japanese society is changing toward embracing these notions, but the traditional values persist and paternalistic practices continue. In this context, I found the survey to be well done and informative of the preferences of a cross-section of those living in Tokyo. One may argue that the attitudes of those in Tokyo may not be representative of most Japanese (somewhat like surveying New Yorkers and assuming the results would represent Americans generally). The work builds upon what has been done in this area in the past. The response rate was acceptable (particularly for a 12-page questionnaire.)

Regarding the representativeness of the Tokyo sample, we added the following sentences:
However this study’s sampling is limited to residents who reside in Tokyo, Japan’s largest metropolitan city. Further research is needed to compare our results with data collected in rural areas and smaller towns and cities.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
None

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)
The manuscript contains a number of spelling and/or grammatical errors. For example, the first sentence of the abstract reads, "Japanese people become increasingly interested in the expression and enhancement of their individual autonomy in medical decisions made at end of life." This should be corrected to read something like, "Japanese people have become increasingly interested...made at the end of life." These errors detract from readability and should absolutely be corrected before publication.

We corrected this sentence as you indicated

Discretionary Revisions (which the author can choose to ignore)
Adding a few more comments that place the survey results in the context of a changing Japanese society would be interesting. For example, has anyone attempted to introduce legislation on this issue? A few more details about the status of this issue would be appreciated. Also, a sentence explaining why Japanese physicians do not give priority to patients’ wishes (or what they do give priority to) would be helpful for the reader.

We added the following sentences:
As for the reasons that competent patients’ wishes or advance directives are not always granted top priority in Japan, Asai19 has suggested that Japanese patients who are terminally ill might not be able to make their advance directives specific enough to guide a physician’s decisions. It might be need to consider diagnosis for Japanese advance directive format.

What next?: Accept after minor essential revisions
Level of interest: An article of importance in its field
Quality of written English: Needs some language corrections before being published
We carefully made the language corrections with a native checker.

Statistical review: No

Declaration of competing interests:
I declare that I have no competing interests.

Reviewer's report
Patients Attitudes Toward Advance Planning in Japan: How to Respect Patients Title: Best Interests.
Version: 1 Date: 21 May 2006
Reviewer: Kei Hirai
Reviewer's report:

General
It is very appreciated that the authors tried to resolve difficult ethical issues in medical decision making using an excellent sampling survey method. However, there seems to be a lot of insufficient arguments for convincing the readers of the importance of findings of the research. Further detailed analyses of the data or comprehensive discussions of related articles seem to be needed.

Major Compulsory Revisions
1. Title: The sample of the survey was general population. So the title should be not the "Patients' attitudes..."
We changed the title for “Survey of the General Public's Attitudes Toward Advance Planning in Japan: How to Respect Patients' Preferences.”

2. Introduction: There is no clear statement about the purpose of the survey. The author must clearly state the purpose and its rationales of the survey. The introduction part of this paper seems to be fragmented. The author seem to fail to indicate clear rationale and purpose of the survey. For example, what is the reason for conducting the research with the general population in order to clarify patients' preference for active and life-sustaining treatments and to claim the importance of legislation for advance directives in Japan?
We added the following sentences at the end of introduction paragraph:
To examine suitable ways of implementing advance planning and appropriate contents of advance planning in Japan, we conducted a population-based survey to clarify the general public's preferences who might represent patients side attitudes.

3. Methods and Results: One of main purposes of this article seems to prove the differences of preference for each active treatment and life-sustaining treatment (Tables 3 & 4). If so, and in order to support the authors' arguments and to make a clearer conclusion, it is essential that the authors conduct multivariate analyses with a mixed model with the independent variables that contain (1) the difference of the three scenario groups as the between-group-design and (2) the differences of the treatments as the within-group-design.

In accordance with the reviewer's comments we conducted Mann-Whitney's U-test on each scenario group to examine the differences between the treatments with the within-group-design. To examine the difference between the three scenario groups with the between-group-design, we conduct factor analysis on each group and compare these results as well as conducted the chi-square test.

We added the following sentences into the results section:
As for dementia scenario, respondents who was married (p < 0.05) and who lived with a infant child (p < 0.01) were more likely to have positive attitudes toward ATs. As for irreversible coma scenario, respondents characteristics showed no significant difference regarding treatment preferences. As for temporally disturbance, respondents aged over 53 (p < 0.01) and who are female (p < 0.05), who lived with an adult child (p < 0.01), who don't live with a infant child (p < 0.01) were more likely to have negative attitudes toward ATs. Respondents who lived with an adult child (p < 0.05), who don't live with a infant child (p < 0.05) also have negative attitudes toward LSTs in temporally disturbance scenario.
Factor analysis was conducted on each scenario groups(Table 5, 6, 7). As for dementia scenario and temporally
disturbance scenario, Factor 1 items were composed of LSTs and Factor 2 items were composed of 4 type ATs all of which imposed high burden. As for irreversible coma scenario, Factor 1 items were composed of 4 types of LSTs all of which provide over 2 years life expectancy and Factor 2 items were composed of 4 types of LSTs all of which provide about 6 months life expectancy.

4. Discussion:

Line 235: Because the sample of the survey was not actual patient sample, the argument is overstating. In addition, there was no clear rationale to support the argument. The survey only revealed that general population have high preference for making advance plans but only a small percentage of them actually have them. It seems that this evidence does not imply patients' need for support in making advance plans. Another data or evidence is needed to claim this point.

We changed the term “patients” to “the general public” because little research has been conducted in Japan regarding patients' attitudes. In addition, in reference to advance planning practices in nursing homes in Japan where most residents were dementia patients, we added the findings from another population based research.

Line 247-249: The sentence is not clear. I would like to know which data or substantial reasons support this argument.

We changed the sentences as follows:

As for the dementia, general publics need to make advance planning before dementia has reached advanced stages. In many cases, Japanese peoples' treatment preference regarding dementia might not be confirmed because of their difficulty to express preferences and nursing home attitudes not to confirm advance planning in a positive way. To Honor the treatment preferences of general publics in Japan, some supports toward themselves or nursing homes might be needed.

Line 264: This argument is not fully supported by the results of this research.

We removed this argument from the text.

Line 271-274: This argument is not sufficiently supported by the results of this survey or any other substantial reasons. Therefore, if the authors would like to discuss this point, they need to refer to at least some articles that support the authors’ view.

We also removed this argument from the paper.

Line 275-293: Although the paragraph indicates that the types of scenario affect advance planning, it is not clear how these results support the authors' arguments.

We conducted factor analysis on each scenario to examine the difference among the three types of scenario. In order to include these findings, we rewrote the results section.

Line 313-316: The reader may have difficulties understanding this paragraph because it lacks explanation for the authors' arguments. In addition, I’d like to know what the word “oenaturalâ€” mean.

We changed the sentences as follows:

People with both negative and positive attitudes toward treatment will undertake advance planning. As the mode of expression used in developing a plan should not affect of participants, the format of advance planning might better be kept neutral: neither on the positive side nor on the negative side.

Line 318-331: The conclusion of this paragraph, “it is suggested that there is little difference in patients’ preferences regarding treatment preferences”, seems to be supported by other articles. The authors should clearly indicate the relationship between this conclusion and the results of the survey.

We added the details of results from other surveys.
5. Conclusion: I could not read any clear conclusion from this research. 
We re-wrote the conclusion.

Minor Essential Revisions
Line 74: The author should indicate some examples of the "outcome."
We inserted examples of outcomes.

Line 167-175: The author should note the reason for setting the cut-off point of age as 53 years old and the GHQ total score as 25. If there were no clear reason for choosing these cut-off value, these variables should be analyzed as interval variables.
We add the explanation of 53 years (mean age in this study) and 25 total scores (mean total score in this study).

Line 258: Is the sentence grammatically correct?
We changed this sentence

Line 309: "This may due to" should be "This may be due to."
We changed this sentence.

Discretionary Revisions
Unable to decide on acceptance or rejection until the authors have responded What next?: to the major compulsory revisions
Level of interest: An article whose findings are important to those with closely related research interests
Quality of written English: Needs some language corrections before being published
Statistical review: Yes
Declaration of competing interests:
I declare that I have no competing interests.
Reviewer's report

Patients Attitudes Toward Advance Planning in Japan: How to Respect Patients Title: Best Interests.

Version: 1 Date: 2 June 2006

Reviewer: Karl Lorenz

Reviewer's report:

General

Overall it is a nicely done survey of some very interesting data. I had trouble tracking everything (the exact items and scenarios and exactly what is being presented from them in Tables 3 and 4).

-----------------------------------------------------------------------------------

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

1. There are some relatively minor English language errors (in the abstract, but also discussion) and it would be helpful for a fluent English speaker to proof read the final document before resubmission.

   We carefully made the language corrections with a native checker.

2. I think this is an interesting study. The findings are presented nicely, but the material is quite complex and readers probably need some help navigating from the Methods and Results to the Tables and tracking across these sections.

   We added some explanation regarding Methods and Results

3. Relevant to the discussion: Re, Table 4 â““ I think it is striking how high the rates of acceptance of these approaches are, especially given the scenarios in Table 3. It suggests that patients view these in a similar frame as low burden treatments with poor chance of success or high burden treatments with a good chance of success. How could that possibly be interpreted given the scenario of dementia or irreversible coma?

   In order to examine the relevance between ATs and LSTs, we added the factor analysis.

   We added the following sentences into the results section:

   As for dementia scenario, respondents who was married (p < 0.05) and who lived with a infant child (p < 0.01) were more likely to have positive attitudes toward ATs. As for irreversible coma scenario, respondents characteristics showed no significant difference regarding treatment preferences. As for temporally disturbance, respondents aged over 53 (p < 0.01) and who are female (p < 0.05), who lived with an adult child (p < 0.01), who don’t live with a infant child (p < 0.01) were more likely to have negative attitudes toward ATs. Respondents who lived with an adult child (p < 0.05), who don’t live with a infant child (p < 0.05) also have negative attitudes toward LSTs in temporally disturbance scenario.

   Factor analysis was conducted on each scenario groups(Table 5, 6, 7). As for dementia scenario and temporally disturbance scenario, Factor 1 items were composed of LSTs and Factor2 items were composed of 4 type ATs all of which imposed high burden. As for irreversible coma scenario, Factor 1 items were composed of 4 types of LSTs all of which provide over 2 years life expectancy and Factor 2 items were composed of 4 types of LSTs all of which provide about 6 months life expectancy.

   Similarly, I’m not sure that these preferences are really that close to US preferences. Those with respect to
dementia might be “as dementia per se, spans a wide clinical spectrum. What about with respect to irreversible coma?

We added the detail of the US preferences in Discussion part:

As respondents’ preferences regarding life-sustaining treatment in this study (23%-36% wanting LSTs in the case of dementia; 21%-33% wanting LSTs in the case of Coma) are similar to those found in the United States (23% to 42% wanting LSTs in the case of dementia; about 14-29) wanting LSTs in the case of Irreversible coma.

I’m similarly perplexed that younger healthy persons would reject life support at all for “temporary disturbance”. What were they responding to?

As for the limitation regarding characteristic of respondents, we added the sentences mentioned below: However this study’s sample was limited to residents who reside in Tokyo aged between 40 and 65. As the Tokyo is the most condensed and diverse metropolitan area in Japan, further research is needed in order to collect and comparing our results with data collected in rural areas and smaller towns and cities. It is also required to add more younger/older people in further research to consider generalization of these findings.

4. I think the response rate best goes in results. Also, I did not find some details like how many times respondents were contacted? Was the study reviewed and approved by an institutional review board?

We add the sentence: response rate 60.8%; we made two times requests for participation by letter. The institutional review board of our institute (University of Tokyo) decided this study doesn’t need any discussion in the institutional review board.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

4. Abstract “conclusion re, dementia does not follow logically from the report description.

We changed all sentences of abstract conclusion.

5. Introduction “This is interesting but a framing statement at the end that directs the reader to the purpose of the current study is needed.

We added the purpose of this study at the end of introduction section:

In order to examine the suitability of processes for advance planning from the patient’s perspective in Japan, we conducted a population-based survey to clarify the general public’s preferences to treatment with differing burden, outcomes and likelihood assuming that this group might best represent patients’ attitudes.
6. Methods: I think the rationale for excluding everyone over the age of 65 is poor. There would have been other ways to deal with dementia including accounting for it after the fact. However, given the sample, I think it is still fair to characterize it as a study of preferences related to advance directives in a generally healthy, younger Japanese general population.

As for the limitation regarding characteristic of respondents, we added the sentences mentioned below: However this study's sample was limited to residents who reside in Tokyo aged between 40 and 65. As the Tokyo is the most condensed and diverse metropolitan area in Japan, further research is needed in order to collect and comparing our results with data collected in rural areas and smaller towns and cities. It is also required to add more younger/older people in further research to consider generalization of these findings.

7. Please explain very briefly the significance of the GHQ cutoff of 25.

We added the sentence “the mean total score of respondents in this study”

8. I assume the analysis evaluated only bivariate relationships? Please clarify (so that this will also be clear in Results P12-13)

In accordance with the reviewer's comments we conducted Mann-Whitney's U-test on each scenario group to examine the differences between the treatments with the within-group design. To examine the difference between the three scenario groups with the between-group design, we conduct factor analysis on each group and compare these results as well as conducted the qui-square test.

9. You apparently asked about treatment preferences in non-exclusive terms? Please clarify the apparently incompatible table 2 responses that suggest that more than 50% of patient preferred both oral and written directives.

We added the sentence: Respondents were asked about their preferences and attitudes toward advance care planning by multiple answers

Level of interest: An article whose findings are important to those with closely related research interests
Quality of written English: Needs some language corrections before being published
Statistical review: No
Declaration of competing interests:
I have no competing interests