Author's response to reviews

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

Authors:

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Author's response to reviews: see over
Reviewer's report
Survey of the General Publics Attitudes Toward Advance Planning in Japan: How to
Title: Respect Patients
Preferences.
Version: 3 Date: 12 July 2006
Reviewer: Karl Lorenz
Reviewer's report:
General The paper certainly addresses some important issues and provides some
novel insights into Japanese attitudes re., advance care planning for a general
audience. Many readers will find it helpful and interesting.

There are still some language issues, and these are somewhat technical and topical (to
the field of palliative care. In English, most people would refer to advance planning’ as
advance care planning Rather than incompetence (a legal term), decisional incapacity
is preferred. Additional attention to that is needed.

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

Methods
The 1st sentence in Methods is misleading. This is a population-based sample from an
area of Tokyo that is more or less representative of the wider population of Tokyo. (not
Japan). I think the rationale for excluding 65 and older is weak better to just
acknowledge that the survey was done among a younger group. Also suggests the title
would be more consistent with the population sample if said something like Survey of
Non-Elderly Japanese Adults Attitudes

As we also excluded younger people (under the age of 40), we called respondents
general middle-aged and senior people as below:
This study was a cross-sectional, stratified random sample survey of the general
middle-aged and senior people (aged between 40 and 65) in Tokyo, Japan.

Results
The meaning and implications of the specific factors that are presented is not clear.
What do these factors represent?

We change the terms “specific” into “concrete”.

Discussion
I believe the conclusions drawn from the study need to be stated more tentatively. I
think the discussion goes beyond the findings in that the authors want to draw
conclusions about how advance directives should be handled in general in Japan,
although the sample is limited to relatively healthy younger adults in Tokyo.

We cited your sentences in a discussion part as below;
This study revealed that many middle-aged and senior people in Tokyo indicate an interest in undertaking advance directives.

It is also not clear to me (as the authors suggest) that this study sheds light on how specific treatment scenarios should be addressed in ADs for elderly Japanese adults. In the first place, the sample is not representative of the elderly group the authors would like to generalize the results to.

We add the sentence as below:
It is also required to add younger (under the age of 40) and older people (over the age of 65) in further research to consider generalization of these findings.

Secondly, it is still not clear to me what the implications are in these scenarios whether on their own terms, they would guide care for the population in which the survey was conducted. It is still remarkable to me that so many patients who are apparently young and relatively healthy would refuse high burden, poor likelihood treatments and yet in practice, this certainly never happens (e.g., As an example, we would typically give bone marrow transplant for myeloma in an appropriate person does this suggest that these respondents would really opt to forgo such high burden care? I don’t think so, although I don’t understand their responses well)

I think the authors convincingly demonstrate several important things that should be stressed 1) that advance care planning is of interest apparently to many younger adults 2) that advance care planning in Japan should consider how likely functional outcomes, minimally acceptable health states, and life expectancy influence articulated preferences 3) that many Japanese adults are willing to respond to such a survey and could be reasonably expected to participate in actual care planning and that Japanese patients, like patients elsewhere increasingly do, should require some consideration of their preferences in care as a matter of quality.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)
Please acknowledge somewhere this study was exempted from human subjects review
The paper is still too long for most readers to follow easily. I suggest shortening the intro and discussion in particular to make it easier to read.

We removed some sentences form intro and discussion section.

Discretionary Revisions (which the author can choose to ignore)
In the US certainly, advance care planning is moving beyond ADs because the literature has not supported.
important subjective patient or family outcomes with advance care planning focused on specific directives and is moving toward goal and value oriented exploration. This study which is very focused on ADs might want to acknowledge that.

We change the terms “advance planning” into “Advance Directives (ADs)”.

Unable to decide on acceptance or rejection until the authors have responded What next?: to the major compulsory revisions
Level of interest: An article of importance in its field
Quality of written English: Needs some language corrections before being published
Statistical review: No
Declaration of competing interests:
I have no competing interests