Reviewers report

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

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.

3. Relevant to the discussion: Re, Table 4 "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? 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? I’m similarly perplexed that younger healthy persons would reject life support at all for ‘temporary disturbance’. What were they responding to?

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?

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.

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.

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.

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

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

Discretionary Revisions (which the author can choose to ignore)

10. It would be helpful to know if the entire survey (other than the GHQ-12) was team-derived or if some of the other items came from previously validated measures? You could just say that somewhere in this section.

11. I think it would be helpful if you could publish the scenarios or perhaps the survey itself as an appendix to shed light on your findings.

12. These are nicely presented although I am having trouble tracking the discussion of what you did in Methods with exactly what is presented here. (see comment above)

What next?: Unable to decide on acceptance or rejection until the authors have responded 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: No

Declaration of competing interests:

I have no competing interests