Reviewer’s report

Title: Informing advance directive discussions for patients with COPD at the point of care: A decision analysis.

Version: 1 Date: 27 October 2010

Reviewer: Michele Vitacca

Reviewer’s report:

Revision for 'Informing advance directive discussions for patients with COPD at the point of care: A decision analysis.' Negin Hajizadeh, Kristina Crothers and R. Scott Braithwaite

The study is interesting in particular for a) conclusion about the fact that individually tailored advance directives recommendations are mandatory b) prospective of decision according to of QUALYS ; the authors have presented high effort in this field, but criticisms offer weakness to the study.

1. The paper is long, difficult to read and follow
2. The methods are obscure and complicated for the reader (there are too much parts to be improved in clarity and I think is useless to discuss in details)
3. It is not clear the final practical implication of these results
4. The figures are complicated and unclear
5. The authors have inserted too much references
6. The crucial point is: who is the candidate to submit this type of questionnaire ? the difficult prognosis, the correct timing during the unclear time course, previous clinical and care experiences, rehabilitation opportunities, the real risk of death are disturbing factors which did not allow a generalization of questions, habits and answers on this field
7. No data are presented for COPD previous history, H admissions, ADL previous admission to study, level of depression, anxiety, use of oxygen or NIV, socio-economical status, the religion, the presence of chronic respiratory failure, the types of support that they will eventually have in case of disease worsening (i.e. living close to other family members, living alone, living in the countryside vs the city), the level of education of patients
8. The communication of end of life care may be also influenced by the emotional and psychological status, like anxiety and depression
9. preferences under primary care physician or respiratory physicians may also change
10. No data on structured follow-up proposed to patients as dedicated office, tele-support, educational programs, continuity of care, access to drugs and home care.
11. No data on access to rehabilitation programs
12. No data on different clinical phenotypes
13. No data on different baseline spiritual and religious preferences
14. No discussion about media influence on patients
15. No data on role of caregiver and family on patient’s feeling and hope for the future
16. Another limitation may be the fact that questionnaire describes only a perceptions rather than real assistance or care

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

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.