Reviewer's report

**Title:** Unresponsive wakefulness syndrome: a new name for the vegetative state or apallic syndrome?

**Version:** 3  **Date:** 23 September 2010

**Reviewer:** Boris Kotchoubey

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When Brian Jennett coined the term „persistent vegetative state“ in 1972, he regarded this term as preliminary. He expected a discussion within the neurological community about what would be the better name for the syndrome as similar but yet different from coma. Ironically, the MS of Laureys et al is proposed almost four decades later, and it is still a “debate paper”.

From the said above it should be clear that I find the idea presented in the MS, in general, very good, but probably not sufficient. In other words, I believe that the European Task Force is on a right way, but that it is going this way too slowly.

Particularly, I agree completely that the term “vegetative” is regarded by many lay persons as pejorative. However, not only names of concepts make concepts pejorative, but also vice versa. It is possible, as the authors correctly state, that we can disregard the human value of these patients BECAUSE the term we use has pejorative “vegetable” connotations. But it is also possible, that if we continue to disregard their human value, ANY term we introduce will get pejorative connotations. An example: it is not the word “nigger” that produced the racist ideology, but it was the racist ideology that was manifested in the denigrating word. I feel that the authors underestimate this feedback principle.

Perhaps for the same reason the authors confound two albeit related but nonetheless distinct issues: the one is the issue of the appropriateness of the term PVS (in which, I repeat, I fully agree with the authors), and the other is the issue of diagnostic errors (and the possible role of non-clinical techniques such as fMRI and ERP in reducing the error rate). This confounding is reflected in the term proposed by the Task force, Unresponsive Wakefulness Syndrome.

“Unresponsive” means the lack of responses, but the critical question is, WHICH responses are lacking? The authors know even better than me that many PVS (now: UWS) patients exhibit a range of quite intriguing EEG and BOLD responses.

A minor point: the outdated term “apallic syndrome” is mentioned only on p.8. From the viewpoint of the history of medicine, it would be better to begin with this term, because this was the first scientific description of the condition we are working with.

**Quality of written English:** Acceptable

**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