Reviewer’s report

Title: Palliative patients under anaesthesiological care: A single-centre retrospective study on incidence, demographics and outcome

Version: 1 Date: 30 March 2015

Reviewer: Marco Warth

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Major Compulsory Revisions:
1. Results: This article presents important empirical data on the prevalence of patients with life-threatening, palliative conditions in the everyday work of anesthesiologists in a German University Hospital. While the findings are highly relevant to the field, I’d wish the presentation of the results section to be more consistent. Table 1 compares palliative care patients with others, but does not present statistics for the “others” group regarding admission to ICU, or length of hospital stay. Table 2 lacks information on the “others” group entirely, although comparisons are mentioned in the text. I recommend providing the reader with consistent comparisons between the two retrospective study samples (palliative care patients vs. other patients) both in running text and table, as far as possible. In case not all data is available for both groups, the authors could restructure the results section and tables according to 1) comparisons between groups and 2) analysis of “palliative care group” only.

2. Discussion: The fact that only 11.6% of the “palliative care group” patients were seen by the palliative specialists should be addressed in more detail. Together with the finding that only 4.3% were classified as being in need of palliative care, what does this say about the current quality of care? What needs to be changed? Your idea of a “palliative pathway” should be given more space in the discussion section.

Minor Essential Revisions:
3. General: As a non-native speaker, I am not absolutely positive, but I think you should not use the term “palliative patients”, as actually not the patient, but rather the treatment is considered “palliative”. This might be of importance, as it may help to solve the issue of defining a “palliative patient”, which you address at the beginning of the discussion section. It would make sense to discuss the implications of your findings in the context of the emerging concept of “early palliative care” (e.g. Zimmermann et al., 2014). The transition from curative to palliative care is considered rather continuously than discrete.

4. Background: Could you better explain why the orientation of anesthesiology can be considered equally multidisciplinary as the one in palliative care (where various disciplines outside the medical field are working together)?

5. Methods: Could you already mention the WHO definition and van Mechelen’s findings when presenting your own criteria? (p.4, l.20)
6. Methods: It could be helpful to the reader if you presented an additional table on the symptom categories with examples for each category. E.g. one might wonder how exactly you distinguished neuropsychiatric from psychosocial symptoms.

7. Results: Please provide exhaustive specification of your statistical tests (t-/Chi2-statistic, df, effect sizes and confidence intervals).

Discretionary Revisions:

8. Background: “…how often anaesthesiologists care for palliative patients” (p.3. 22). I’d rather use the term “treat patients…” throughout the article.

9. Methods: Is there a certain reason why you used data that dates back to 2009?

Level of interest: An article of importance in its field

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