**Author’s response to reviews**

**Title:** Recruiting General Practitioners for palliative care research in primary care: real-life barriers explained

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**Version:** 2  **Date:** 07 Feb 2019

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Thank you Yvonne Engels for your comments, I respond to them point-by-point:

Abstract:
It is not mentioned in the background what the pro-Spinoza project is. --> I added a short explanation.
I miss the research question or aim (add the same aim as in the background) --> I added this.
In the conclusion: occurred instead of occurs --> OK, but in the end I replaced this phrase.

Background:
page 4, line 77: (NIHDI), which aimed --> OK (in this version page 4, line 92)
page 4, line 101: numbers instead of amounts --> OK (in this version page 5, line 104)
Page 5, line 102: have to decide whether they want to participate --> OK (in this version page 5, line 106)
Page 5, line 111: Therefore, this study aims... --> OK (in this version page 5, line 114)

Methods:
Page 6 line 135: what kind of questions abouth a patient's care? --> a self-evaluation of the GPs’ care for an included patient (now page 6, line 140)
Page 7, line 167: two of the most important anticipated bottle-necks ... --> OK (now page 8, line 175)
page 7, line 168: and to make them encourage --> OK (now page 8, line 176)
Page 8, line 199: All GPs (add number) in the five areas received (delete 'have') --> OK (now page 8, line 187)
Thank you Geoffrey Keith Mitchell, I respond to your comments per paragraph:

However, I am suggesting two substantial additions to the paper on reflection. I believe there are two reasons that are fundamental to the difficulties that the researchers had to recruiting and retaining of
participants. The first is that the whole process was too complex, requiring attendance at training, recruiting patients, gathering data on patient progress, and having patients and carers also gathering data online. I think the researchers should reflect on whether too much was being attempted at once. They acknowledge that it would have been better to have research staff be involved in recruitment and other tasks. Was there a pilot phase to test the methods of recruitment and data collection? Could the project have been split into multiple smaller ones? Could the process be as close to normal practice as possible? Could data be collected that were being collected as part of routine practice, and using GP software?

Was the project piloted to detect potential problems and address them early? If not, this deserves analysis.

--> The whole process being too complex/far from routine practice: added “This means that the proposed intervention differed significantly from usual care, in a context where even the national benchmarks for palliative care are only about terminal cancer patients” (page 5-6, lines 125-127)

--> Pilot phase: added a whole paragraph about how the project team adapted the recruitment strategy throughout the project and how this project was based on a small-scale pilot project (pages 20-21, lines 424-466)

--> Could the project have been split into multiple smaller ones: “It is clear that the pro-Spinoza was overambitious and would probably have benefited from a more limited clinical scope of early identification of palliative care needs and starting advance care planning.” (page 21, lines 462-464)

--> Could data be collected that were being collected as part of routine practice, and using GP software: in Belgium, there is no data collected as part of routine practice, except reimbursement data. To integrate this type of data collection in GP software would be a real revolution in Belgium. Thank you for the suggestion, it is the same innovative method as used in the ARIANNA project which I referred to.

Second, the project was framed around early palliative care. This implies cancer care and the last few weeks of life. An almost identical project could have been conducted around the idea of advance care planning and clinical care planning for known likely complications. This is very different from most people’s perception of palliative care - cancer, relatively short time frame to death. GPs did not want to raise the issue of death in the short term, but that was not the object of the project. Framing the project in different or similes: Planning "just in case" things progress; A Rainy day project (carrying an umbrella to prevent getting wet. Also the participants seemed to suggest that palliative care was an all or nothing approach, where clearly a proportional response is needed, depending on the patient's situation. Also this sort of planning involves both advance care planning (what are the patient's wishes?) and clinical care planning (preparing for predictable problems, educating carers and patients about what to do when the problems arise), and all causes of death, not just cancer, are involved. It is a small step from normal geriatric care to this sort of anticipatory care. The words death and treatment can be avoided all together with a conversation like this.

--> Thank you for these comments, because it highlights the need of the authors to explain their project in a better way. Added more details on patient selection “The main principles were early identification of all patients older than 45 years (with cancer, dementia, organ failure, or frailty) at risk of palliative care needs” (page 5, lines 119-221) and in note 7 of Table 3 “For 16 patients, the main pathology is known: 4 with chronic heart failure, 4 with dementia, 4 with frailty, 3 with terminal cancer and 1 with mixed cardiorespiratory failure.” (page 13, lines 273-274)
Clearly these points can be expressions in the discussion, as the project has been completed.

Finally, the paper needs extensive revision by a native English speaker - there are a lot of errors that detract from the paper's content. Also be cautious about using emotive words and phrases. For example: (line 400 p18) Insight: defensive attitude of GPs to change their palliative care practice, e.g. EXCUSES formulated as... Better to take the emotion out: Reasons for not preparing rather than the word "excuses".

--> Thank you. A language review was performed by dr. Nicola White, and emotive words were replaced.