Reviewer’s report

Title: Complexities in consultations in case of euthanasia or physician-assisted suicide: a survey among SCEN physicians.

Version: 0  Date: 03 Oct 2019

Reviewer: Kenneth Chambaere

Reviewer's report:

GENERAL

a highly interesting paper, from a group and authors well known for their expertise in this type of research and research topic.

tables are not straightforward to read, perhaps due to the design or the table being too long (eg the column titles are on previous page)

table 1 and box 1 are in the text, while other tables are at the end of the manuscript: quid?

a number of language errors throughout the text, native speaker review to be considered

ABSTRACT

results: associated characteristics part is a bit difficult to read, please review formulations. If there is room, please also add statistics to illustrate associations

conclusion: "Complexities perceived by SCEN physicians in EAS consultations exceed the 'complex' cases present in the public debate about euthanasia." &gt; this is not apparent from your results

BACKGROUND

background is fine, well argued introduction

lines 83-85: "Since EAS is only allowed by law when suffering stems from a medical classifiable physical or psychiatric disease, it is relevant to know whether this is related to an accumulation of age-related health problems" &gt; don't quite follow this sentence... age-related health problems almost always involve medical conditions...

line 103: "the SCEN physician only consults the patient once to assess the due care criteria" &gt; can this not be more often than just the one time?
I would add as argument for surveying SCEN physicians that they are the most experienced, they are best placed to provide information on complexities. It also carries more weight if such experienced physicians report specific issues throughout years of experience.

METHODS

The authors will concur that it is a bit confusing for readers to see that 2015 was about the most difficult case and other years about the most recent case. How does this impact the results? In fact, why would you need to consider them together? You don't need it for statistical power in any case. Perhaps some reflection on this further in the paper is warranted, ie is this a limitation and/or a strength. Related to this: if you find similar results with two different questioning methods, doesn't this strengthen the veracity of your findings?

why did you dichotomise the difficulty question in 2016/2017? There is some discrepancy to the method of identification of difficult cases in 2015, so perhaps it had been better to report with the 5-point scale, given there is no indication of how congruent the cases are with those of 2015. I do concede this would complicate analysis and interpretation, but still...

RESULTS

line 173: review short sentence

please present/discuss results in the order of the tables (or reorder your tables; I would consider moving table 3 before table 2)

table 1: age is a bit misplaced, doesn't use % (95% CI)
+ N is usually first, then %

perceived complexities: assessment is made difficult due to the patient's situation (patient characteristics as you say); are you not making an artificial subdivision of categories? how were these categories developed?

did the authors find associations between the type of cases and the specific complexities encountered? Table 4 provides indications, but the analysis is very broad and it does not yield the kind of detail that might be possible and that would represent a better basis to tying complexities to particular case presentations. For instance, I can imagine more problems concerning competence/well-considered request in cases of psychiatric conditions. This would have been a worthwhile analysis, and would give more insight into the cases where specific attention to specific issues is required. (this is explorative research as I understand it, so you are not tied to specific hypotheses - one could call this "data fishing" but you could circumvent this issue by making statistical significance more strict)

line 240: "For the two aspects that were most frequently considered difficult, namely the
assessment of due care criteria and patient characteristics, we performed separate multivariable analyses (table 4)." why limit this analysis to these two aspects?

overall, much data and focus is on odds of being a difficult consultation. I wonder whether this is warranted compared to other (potential) research questions...

DISCUSSION

the questions that came to mind when reading the paper (before I read the discussion section) were:

1) overall judgment of the prevalence of complexities?

2) what about the range of complexities? Which are (acutely) problematic and which are not?

to what extent are they (in)surmountable?

3) what can be done to avoid those complexities that are avoidable?

4) where likelihood for a difficult consultation is higher, do the authors propose specific safeguards or measures to address the specific complexities? (if the association analysis between cases and complexities were to be done, more insight would be possible)

It's just a suggestion, but as a reader I would appreciate some reflections on these questions in the discussion section. Upon reading, I noticed the authors went in a completely different direction: it focuses a lot on explaining higher likelihoods of difficult consultations, which I find less interesting than other relevant questions following from your data and analysis. But that is just my opinion. And I concede that some of my questions formulated above may lie too far from your data and research aims. But perhaps the authors are willing to talk more about the implications for practice and policy? I believe that is of higher interest than extensive explanations of differences.

the subtitles in the discussion section are helpful but not necessary in my opinion.

Also they don't always cover the content of the paragraph, eg "Not only the 'complex' cases present in de public debate about EAS are perceived difficult" this paragraph starts out devoting many words to explaining why the complex cases are perceived as difficult!

"Complexities perceived by SCEN physicians versus complexities perceived by attending physicians" is as such interesting, but the way it is written out doesn't add very much.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes
Does the work include the necessary controls?
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