Reviewer’s report

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

Version: 0 Date: 06 Oct 2019

Reviewer: Johan Wens

Reviewer's report:

In general:

This paper reports on an interesting research on end of life practice in the Netherlands. It gives insight in the assessment of euthanasia and physician-assisted suicide (EAS) practices.

The difficulties in the assessment of eligibility for EAS is researched in some qualitative and quantitative ways.

My advice would be to thoroughly process the paper before considering publication.

Background

- In this background section information is given on SCEN physicians, their training and intervention which is rather informative. Later on (from line 88 onwards) information is given on attending physicians. This can be confusing. I would suggest to focus in this introduction section primarily on the EAS practice and difficulties SCEN physicians experience and only elaborate on the attending physicians in the discussion section, where the same information now is repeated (line 358).

Methods

- Study design and data collection
  
  o In fact, this paper reports over a mixed method study with a qualitative and a quantitative part. I would advise to mention clearly these two different aspects in both the methods and results sections.

  o In the methodology section, there is not so much information on the qualitative part of the analysis. Separate sections exist on "questionnaires" and "statistical analysis" but further information on the qualitative part of the study is completely missing.

- Questionnaires
Line138: "based on the categories that arose from the answers in 2015…" The four different aspects on perceived difficulty of the consultation that were formulated for the questionnaires in 2016 and 2017 seems rather general. It is not clear how these aspects arise from the information that was collected by open questions in 2015.

The whole coding process of the open ended questions from the 2015 questionnaire is not described. A lot of questions remain here:

- how was this analysis performed starting from the text fragments?
- Was there any coding?
- How the code tree was set up?
- Was there any software used?
- Was the coding done by more researchers?
- What was the prior experience of the researchers?
- …

Line 149: here, under the "statistical analysis" a coding process is mentioned, but not described in detail.

Line 152: here you mention 24 independent variables from 3 categories, but these categories are different from those mentioned above in the questionnaires section (line 138) which is rather confusing. If so, what was the reason for the 2015 questionnaire analyses if other categories are used for the quantitative part of the study? Besides, the number of 24 variables is mentioned, but afterwards in the examples only are named:(patient characteristics = 6, characteristics of the attending physician = 3 and characteristics of the SCEN physician = 1, together making 10 variables.

Besides, this information is not the same information as in the tables. Please adjust.

Results

The results on the qualitative part of the study are missing. If these results are not of importance, than they should not be mentioned before. The qualitative analysis are only based on the results of 2016 and 2017. Perhaps it would be more clear to focus only on these 2 years of data collection.
Line 173: 203 consultations are mentioned here as the most recent consultation. However, in the results section (line 120) a participation of 542 (2016) and 498 (2017) SCEN physicians was mentioned. Why wasn't there a most recent consultation from all these participants? Please explain the difference.

Line 216: six characteristics are mentioned here that remain statistically significant in multivariable analysis. However table 3 shows 10 asterisks (*) in the last column for multivariable Odds ratios, where (*) is mentioned as p<0.05. The difference between these 10 variables which are categorised within the six categories is not immediately clear. Please eliminate this ambiguity.

Line 242: four characteristics… (6 variables) same remark as above.

Line 256: seven characteristics… (8 variables) same remark as above.

Discussion

Some repetitions could be removed

Line 290: here you suggest that more training and intervision the frequency of complex experienced consultation by SCEN physicians would reduce. You also mention this in the conclusions. Without compromising the value of the training and intervision, the experienced complexity may not have anything to do with training. The complexity perhaps is inherent in the subject and the consideration of the due care criteria. It would be fine to elaborate on this further.

Line 305: is it the physician that needs to assess patients suffering as unbearable? The only who can assess this aspect of suffering is the individual person involved. Of course, the eventually possible prospect of relieve needs to be assessed by experienced medical staff, but I really doubt that patients suffering can be assessed by a physician. This might add an interesting ethical consideration on the due care criteria. Please elaborate on this.

Line 370: as now the study cannot be mentioned as qualitative unless the methodology of the qualitative analyses is described in detail in the methods section.

Line 374: it is not clear how the analysis from the 2015 data as summarized in table 2 contributed to the analysis of the 2016 and 2017 data as summarized in tables 3 and 4 since the content of these tables differ. If one relates to the other, it must be clear how… Please explain in more detail.
Table 1

- 2015 most difficult consultation $N = 498$ In table 2 (on the same data from 2015?) $N = 449$. Please explain the difference

Table 2

- In this table 5 different categories are listed and 42 variables. It is not clear how these categories arise, since the analysis process is not described properly. Please elaborate on this in the methods section.

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

No

**Does the work include the necessary controls?**
If not, please specify which controls are required in your comments to the authors.

Yes

**Are the conclusions drawn adequately supported by the data shown?**
If not, please explain in your comments to the authors.

Yes

**Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?**
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I am able to assess the statistics

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