Author’s response to reviews

Title: In-hospital care prior to assisted and unassisted suicide in swiss older people: A state-level retrospective study.

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Author’s response to reviews:

Title: The end of life care experience of Swiss older people who die by assisted versus unassisted suicide: a state-level retrospective study.

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Dear Dr Szücs, dear Dr Jahn, dear Dr Aronin,

Thank you very much indeed for your efforts while reviewing this manuscript and your helpful comments we addressed accordingly. Changes are highlighted in grey.
Reply to Dr Szücs:

1: The manuscript needs English proofreading.

RESPONSE: We changed “medico-legal” for “forensic” and “concerning” for “regarding”. We reviewed the first paragraph of the abstract. We removed unnecessary abbreviations such as “coll.”. We changed “assisted-suicide” for “assisted suicide” everywhere.

2: The title should be shortened.

RESPONSE: The title was changed and shortened as recommended.

3: Background and discussion should undergo major changes to match to the results.

RESPONSE: Background and discussion section have been completely changed as recommended below (see points 4 and 13).

4: Background should start by emphasizing the situation in Switzerland (legal situation, criteria, general procedure, rational choice’s basis), then the driving hypotheses could be:

1-Increase in assisted suicide is to be observed (as criteria have changed in 2014);

2-Elderly prone to assisted and unassisted suicide are not identical (more somatic diseases; assisted suicide is more rational; less adaptive profile; better mental health status; very sensitive to any worsening of their quality of life);

3- Increased intense heath care intensity would increase with assisted suicide rates.

Explain why this study focused on elderly people.

RESPONSE: The background section has been changed in the way it was recommended, with the hypotheses clearly stated (hypotheses are highlighted).

5: Joiner’s Theory of Suicide is not relevant.

RESPONSE: This reference was removed.

6: Methods. Explain how variables were retained /removed from the model
RESPONSE: This have been added in the paragraph “Statistical analysis” (p.9, line 198 to p.10 line 205).

7: Methods. If possible, age should be analyzed, as a continuous variable.
RESPONSE: We analyzed this factor as a continuous variable.

8: Methods: It is unnecessary to code Mental and behavioral disorders in the negative direction and makes interpretation harder for readers.
RESPONSE: We coded this variable as recommended.

9: Results. Report full statistics everywhere, not just naked P-values. Add a “than” missing, on the second paragraph p.9. The increase in assisted suicide after 2014 should be tested for significance.
RESPONSE: This has been done as recommended (p. 9, line 215- p.10, line 224-226).

10: Results. The increase in assisted suicide after 2014 should be tested for significance.
RESPONSE: This has been done and reported in the “Results” section (p.10, line 213-216).

11: Results. The paragraph about palliative care is not worth keeping.
RESPONSE: This paragraph was removed as well as the sentences related in the abstract, method and discussion sections.

12. The multivariate regression models is not simply there to verify findings, it adds an extra piece into the analysis.
RESPONSE: The way the results of regression analyses was reported has been changed; it begins with “Table 4 shows …” in the Result section (p.11, line 247-250). Furthermore, the importance of the results of these analyses has been underlined in the Discussion section, in the paragraph starting with “But the discrepancy…” (p.14, line 311-315).
13: Discussion should be more hypothesis-driven. 1-increase in assisted suicide is confirmed; precise that this will have some impacts. 2-Hospitalization could be an opportunity to screen people with depressive symptoms but would not be sufficient to reduce assisted suicide death (few have mental health diseases), thus one would need to assess and reduce their experienced burden of diseases even in the absence of a clear impact on their mental health. Lack of agency and autonomy on one's life during hospitalization could be worth exploring in future research as precipitators of assisted suicide, which would then be a way to regain control.

RESPONSE: The whole discussion section is now hypothesis-driven as recommended.

Anyway, we did not address the issue of persons refusing to legalize assisted suicide as suggested, as the grounds for refusing to legalize assisted suicide were not the focus of our work.

14: Assisted suicide should be treated in a non-judgmental way, not a negative outcome to be prevented.

RESPONSE: We focused as recommended on the fact that assisted suicide suggesting high levels of suffering; consequently, improving health care and quality of life conditions could provide viable alternatives to suicide.

In the Implications section, a new paragraph starts now starting p.17, line 386.

Anyway, we kept some notions about unassisted suicide prevention.

15: Better contextualize the findings by giving statistics in the general elderly population.

RESPONSE: We added statistics found for elderly living in Geneva state, in the 1st paragraph, p.14, l.302. We failed to find those statistics at the country level.

16: How do we know that the individuals who died by assisted suicide were mainly living alone?

RESPONSE: This has been precised in the Method section, paragraph “Patient characteristics/Hospitalization related data’s collection (p.8, line 173-174).

17: Add that nursing home residents are more likely to die by assisted because of a narrower contact with health care professionals and a worse level of functioning.
RESPONSE: These explanations have been added in the Discussion section (p.13 line 280-283).

18: The paragraph starting with “our results demonstrate” is confusing.
RESPONSE: It has been totally reviewed in order to clarify statements; and divided in 2 parts:

a. Mental illness is discussed in the group who died by unassisted suicide, in the paragraph starting by “Mental and behavioural disorders …” p.13 line 285-290.

b. Mental illness in the group who died by assisted suicide is then discussed, in the paragraph starting by “As mental health diseases are rarely found in assisted suicide decedents…” p.13, line 290-294.

19: Specifying the factors that may prevent generalizability is an important piece.
RESPONSE:

a. Factors of generalizability have been described in a new paragraph starting by “The increase observed in assisted suicide death in elderly in Geneva is in line with …” p.15, line 335.

b. Factors limiting generalizability follow

1) p.15, line 34, in a new paragraph starting with “Since this study was limited to the Geneva area, …”;

2) and at the end of the paragraph highlighting the quality of data, starting p.16, line 362.

Reply to Dr Jahn

20: The interpersonal theory of suicide fitted not with our comments.
RESPONSE: We removed this reference as it was recommended by Dr Szücs also (see Point 5).

21: The Luoma reference was not relevant.
RESPONSE: We removed this reference.
22: Report of statistical significance as .05, not 5%

RESPONSE: We have changed the report of all P-values everywhere as recommended.