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:

Dr Tovah Honor Aronin

Editor

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Dear Dr Aronin,


We have pleasure in resubmitting the above-mentioned manuscript for consideration for publication in BMC Geriatrics. You will find a point-by-point response letter accompanying this covering letter.

An increasingly high and aggressive intensity of care during the last 12 months of life has been well demonstrated. To the best of our knowledge, the intensity of care received by older patients who engaged in assisted suicide has not yet been explored, although it could impact negatively
on elderly quality of life which is an important factor for requesting assisted suicide. Better understanding health care experienced by elderly prior assisted or unassisted suicide, remains critical to refine strategies to enhance their autonomy.

The aim of this study was to determine and compare the intensity of care received during the year prior to death in assisted and non-assisted suicide elderly decedents.

All authors declare that the material is original, has not already been published, and has not and will not be submitted for publication elsewhere as long as it is under consideration by BMC Geriatrics. All authors declare no conflict of interest.

Thank you in advance for your consideration of our work and we look forward to the decision of the editorial committee in due course.

Yours sincerely,

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Author’s response to reviews

Title:

In-hospital care prior to assisted and unassisted suicide in swiss older people: A state-level retrospective study.
Dear Dr Szücs, 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, including for its title and abstract.

RESPONSE:

The whole manuscript as well as the title have been reviewed as recommended and rewritten in a more sophisticated English.

2: Introduction: On p. 4, the authors use the term "rational choice" to talk about assisted suicide (lines 8 and 9). This statement should be a little nuanced, since you state earlier in the Introduction that either form of suicide is supposed to be more rational in the elderly than in younger populations. Additionally, unassisted suicide could be a rational choice as well in some circumstances, while assisted suicide can still be irrational in some scenarios. More nuance in this statement would prevent getting into an ethical debate about these questions.

RESPONSE:

This paragraph has been rewritten in a more nuanced way.

3: Introduction: On p. 4, the characteristics of suicide listed from line 28 on are directly linked to assisted suicide. This is misleading, since these precipitating factors have been found for suicide
in general and are thus not informative on the difference between unassisted and assisted suicide. Thus, one cannot conclude from them that the "elderly who choose assisted suicide would be particularly sensitive to any worsening of their quality of life". In addition, the next paragraph (p. 5, line 4) is about suicide in general again. It would be good to make these sections more uniform, perhaps starting out with general findings about suicide and then narrowing the statements down to assisted suicide.

RESPONSE:

Background section as well as these statements have been changed as recommended.

4: Discussion: My only comment concerns the paragraph discussing mental and behavioral disorders on p. 10. I find the current interpretation a little confusing. It lacks a straightforward consideration, namely that individuals with mental and behavioral disorders already have a worse quality of life than the general population even without being hospitalized (higher rates of poverty, marginalization, stigma, etc.). At the same time, they often lack the necessary level of planning and organization to engage in assisted suicide procedures when they want to end their life, and therefore tend to carry out more impulsive, unassisted acts even when an assisted way of dying is available.

RESPONSE:

These statements have been introduced in the background and discussion sections.