Reviewer’s report

Title: The clinical practice guideline Palliative care for children and other strategies to enhance shared decision-making in pediatric palliative care; pediatricians’ critical reflections

Version: 0 Date: 12 Aug 2019

Reviewer: Suzanne van de Vathorst

Reviewer's report:

Please be careful not to overinflate your findings. You seem to draw conclusions that cannot be based on your study. Have another critical look through the manuscript to ensure you voice only what paediatricians said.

Your article would benefit from a removal of the many sidelines. I understand you want to be complete, but your results and your main message are lost.

There are some typos in the manuscript, e.g. you type MACIC.

Other remarks:

P5:
"Pediatricians - and other healthcare professionals - infrequently encounter children who are in need of palliative care. The Dutch Association of Pediatricians therefore deemed it necessary to develop this guideline to improve the care for these children."
Therefore? I could easily swap this argument: if it is frequent we need a guideline.

"The objective of this guideline is to provide pediatricians with support and guidance when caring for children with an incurable disease who might eventually even die"
Maybe better to remove these last words, they add nothing to your article.

" In a national survey (2011) among Dutch pediatricians, only 21% perceived a need to share the final responsibility for an end-of-life decision with the parents. Half of the respondents would inform parents and ask for their permission to discontinue treatment, and a quarter would merely inform parents (2). An important aim of the guideline was therefore also to trigger an attitude shift towards shared decision-making."
Here you more or less imply pediatricians are backwards and should be brought up-to date, re SDM. But I would be interested in the underlying justification they themselves give. Is it unfamiliarity, or are there professional choices made?

P6
"actual clinical practice lags hindered by clinicians' underestimation of children's capabilities because of their age (17, 18)."Please revise this sentence, it is too difficult to grasp your meaning

"Enhancement of SDM requires more than just a guideline. It needs to be imbedded in an overall SDM contextualized effort for SDM to become common sense."
Do you mean common practice?

"The aim of this qualitative study was to gain insight into the added value of integrating SDM in CPGs and how guidelines can be improved to encourage pediatricians to practice SDM."

"However, the aim of this study was to explore if a guideline can be an important first step to nudge SDM along."

What was the aim of the study? How could you achieve this with the method you chose? The only thing you have researched is how pediatricians say they think about it. Not what they do. (There is a wealth of literature on the divide between these two)

P11
"When seeing a patient, as a doctor you want to ask certain questions. Instead, you can ask the patient what he wants to talk about today, what are his concerns. And then you tick off - in your head - the topics you wanted to cover as well." (Participant 6).

-This is an illustration of the opposite you state in your text.

P 14
"Conditional recommendations are for which the evidence is scarce or conflicting or for which there is more than one relevant treatment option that different individuals may value differently, when there are trade-offs between options that strongly depend on individual preferences"

-Illegible sentence, please rephrase

P15
Furthermore, there seems to be a tendency to share non-treatment related decisions, but not other decisions (30), as confirmed in this study

- This study confirmed nothing of the sort, as you did not investigate decisions, but rather the paediatricians' views.

P 16
"Combined with a lack of clarity on the (legal) difference between sharing the decision and having the final responsibility for the decision, this might make clinicians wary of SDM when it comes to end-of-life and potentially other palliative care decisions."

-How do you underbuild this remark?

"Having just a separate chapter on SDM does not seem to be a valid strategy to adapt guidelines to facilitate SDM."

-How do you underbuild this remark?

"Including more open recommendations in guidelines also address the problem that recommendations tend to state only one option, and are therefore incompatible with SDM."

-How do you underbuild this remark?

P17
"often only contain information needed to answer to the scoping question which is defined as identifying the most optimal option available."
-What is a scoping question?

P18 "Even though Gabbay & le May casted doubt on the way clinicians were thought to internalize and use guidelines (59), the MAGIC program is trying to enhance guideline development and use by deploying several strategies."

-Why would it matter that Gabbay & le May casted doubt?

P19 "We also carried out a member check on the interview transcripts."

-What do you mean by a member check

"The overall conclusion is that guidelines can enhance SDM, but a separate chapter on SDM with recommendations is not enough."

-This conclusion cannot be based on your interviews. You might conclude that this is what paediatricians say….

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?
If not, please specify which controls are required in your comments to the authors.

Unable to assess

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

No

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.

Not relevant to this manuscript

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Please indicate the quality of language in the manuscript:

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