Reviewer’s report

**Title:** Euthanasia for people with psychiatric disorders or dementia in Belgium: analysis of officially reported cases

**Version:** 0  **Date:** 01 Feb 2017

**Reviewer:** Jorge Lopez-Castroman

**Reviewer's report:**

This paper describes the psychiatric and dementia cases that were accepted for euthanasia in Belgium until 2013. Certainly this is a controversial issue that deserves being presented to the scientific community. However, there are a number of flaws that need to be discussed.

First, having a comorbid physical disorder is quite common among psychiatric patients and thus excluding those without physical diagnoses might be an important bias in this study. According to the paper, about a quarter of the sample reported physical suffering even if they had they had no diagnosed physical problems. Thus, clarification is needed concerning their physical condition. Did the authors exclude patients with any physical diagnosis or just those for which the main reason in requesting euthanasia was the physical condition? And, if this last option is the case, how did they discern the main reason for the request? This fact may explain the low numbers of euthanasia requests associated with psychiatric diagnoses compared with other conditions. In other words, it needs to be made clear throughout the paper the characteristics of the studied sample (psychiatric diagnosis or dementia without physical disorders?).

Regarding this question, in the discussion section the authors mention that "physicians may have mentioned only the diagnosis that was the main cause of the unbearable suffering". If it was not a psychiatric disorder or dementia, what was it?

Why does the study period go only until 2013? Is there any constraint in accessing later data?

Another important question concerns the psychiatric diagnoses. ICD_10 codes are mentioned but apparently clinicians can use any kind of diagnosis in the forms. What was the approach to recode psychiatric diagnoses? What's the meaning of "checked for coding quality"?

Besides, the authors chose to detail only mood disorders and other psychiatric diagnoses, excluding for instance the distinction between unipolar and bipolar disorder, or the diagnoses of psychotic disorders. A detailed account of these diagnoses seems necessary to understand the profile of patients requesting euthanasia.

The discussion may need to be rewritten according to the findings about diagnoses.
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?
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Yes

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