Author's response to reviews

Title: Care of the Human Spirit and the Role of Dignity Therapy: A Systematic Review of Dignity Therapy Research

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Author's response to reviews: see over
Response to Reviewers  
Care of the Human Spirit and the Role of Dignity Therapy: A Systematic Review of Dignity Therapy Research

We are very grateful for the reviewers’ helpful comments about our manuscript. In response to their suggestions we have made a number of revisions to the manuscript. Below we describe our response to the reviewers’ comments.

Reviewer 1

1. Is the writing acceptable?
Here I think that the paper could use some work. Most of it is fine, but occasionally there are sentences that are rather difficult to read. For example, on page 8, second full paragraph, sentence beginning ‘This conclusion is critical …’ or the last sentence on page 11, beginning ‘For instance, where it…’. A close re-read with an eye to style would be worthwhile.

Thank you for your feedback. We have given the manuscript a close edit for style and clarity.

2. Discretionary Revisions (which are recommendations for improvement but which the author can choose to ignore)
Consider avoiding semi-colons.

Thank you for your feedback. We have followed your recommendation and reduced the semi-colons in the text.

3. Major Revisions (which the author must respond to before a decision on publication can be reached)

Given the stated goals of the paper, I think that the pre-discussion structure is fine, but I would rethink the discussion. To me the most substantive positive insight that emerges is the possibility that the mechanism of DT is not necessarily related to its underpinning model. Much of the discussion as it stands focuses on issues of feasibility, administration, and choosing appropriate patients, with several tentative suggestions for improving these areas in future research. But I would genuinely like to hear more about the three areas the authors believe should become the focus of DT research, especially since the studies on which the rest of the observations are based either did not have a sample size large enough to power the studies, or, in the one case where size was adequate the results were equivocal. My suggestion is that the obstacles to DT success should be quickly summarized without speculative solutions for the problems, and the bulk of the discussion should be a reorganized focus on 1) the reasons for thinking that the mechanism of DT is not straightforwardly related to the model, 2) the reasons for thinking that the intervention primarily impacts the spiritual dimension, 3) the implications of #2 for chaplaincy, 4) the proposed approach to testing extension of DT interpreted in this way to the community.

We very much appreciate the reviewer’s suggestion to elaborate on the possibility that DT has an important impact on spiritual/existential issues at the end of life. However, we note that Reviewer 2 makes just the opposite recommendation (See #7 below). In light of these differing perspectives we have chosen to leave this portion of the manuscript as it is. Hopefully this will leave a few readers wishing for a bit more, but will not cause too many readers to feel too much space was wasted on the subject.
4. Tables 1-3 are large and dense – they look like they took a lot of work! That said, if most of the results are hard to interpret in underpowered studies, I am not sure they add much other than tagging topics for readers who want to decide which articles to read on their own. If space is not issue, I am fine with the tables. But I would not want to steal any room from the discussion of re-purposing DT as an intervention addressing the spiritual dimension – I think that many chaplains would be very interested in that kind of discussion, and I also think that could be the start of better designed studies.

We would like to keep these tables in order to provide readers with a summary of any article they might want to read further on their own.

Reviewer 2
1. Major compulsory revisions:
My one major comment is that the authors do not reference standard and widely accepted approaches for systematic reviews. At least referencing the PRISMA guidelines and adhering to them as much as possible in your report would strengthen the manuscript (http://www.prisma-statement.org/). Also cite these guidelines. A few specific elements of the PRISMA checklist that you should explicitly state are the eligibility criteria for the studies, using the PICOS framework plus any other elements, and some statement of the risk of bias within and across studies (at least make a comment on this in the manuscript text, if you did not extract data elements related to this). It would also be helpful to include a standard flow diagram for article selection, if space allows.

Our review was informed by the PRISMA Guidelines and we appreciate this suggestion. We have added a flow diagram for article selection to the manuscript and added the term ‘systematic review’ to the title of the article. We would be happy to provide a copy of our PRISMA checklist if that would be helpful.

Minor essential revision
Selection criteria
2. Page 5 para 2
You state “we” conducted a two stage review. Who did the review? Did all authors review all articles or just one of you? Please be transparent about this.

All authors reviewed all articles. We have noted this in the manuscript.

Results
3. page 5 para3
The sentence “one of which occurred in a sample that was not involved…” would be clearer if stated in the positive: “Four of which included data from the quantitative studies.”

We agree. This is noted and changed.

4. Page 6 para 3:
I don’t understand the first sentence, beginning, “regarding the quantitative studies.” What study doesn’t use primary and secondary outcomes? Not sure of your point here.

The sentence has been rewritten. It now says, “In the quantitative studies, investigators used a variety of measures to examine primary and secondary outcomes.” Hopefully this is clearer.

5. Page 7 effectiveness
This section is really important and needs a lot of editing for clarity.
The first sentence does not make sense to me. Your review is supposed to be addressing the published evidence. And furthermore there is some, albeit weak, evidence for effectiveness. I recommend organizing this section first by type of finding, first the pre/post results that were significant, then the intervention/control results that were significant. Then discuss key methods issues, such as power. The last sentence before the Discussion is unclear. Higher levels of meaning in life, etc than what? Than previous scores or the other group?

The first sentence has been deleted. We have revised the last sentence: the differences in meaning in life etc post-intervention were between those who did and did not receive DT.

Discussion
6. Page 8 para 3
The sentence beginning “this conclusion is critical” is really hard to follow. Could you just state that at this point there is only weak and limited evidence of the effectiveness of DT? Then discuss the measurement issues, where are numerous and include perhaps choosing the wrong outcomes, the need for delayed measurement and power issue.

We have clarified our meaning in this sentence. We are presenting the limits of existing evidence for DT’s efficacy, in which domains, and why effects of the therapy seem to be delayed.

7. Page 9 para 2
This seems to come out of the blue. I know the authors have an interest in the spiritual component of DT, but right now this feels like a digression. Consider relating this more closely to your review and shortening it.

Please see our response to Reviewer 1 (#3) above.

8. Conclusion
You are right to state that efficacy is lacking in the one adequately powered study, but it is worth mentioning which smaller studies did find effects and specifically what they were.

We have noted the effects from Hall et al 2011 Juliao et al 2014.

9. Table 1
This is a clear and useful table. Please be consistent in providing p values for significant findings such as Hall et al (31,32,35) and Juliano et al.

We have amended the table to include all p-values where appropriate.

For Hall et al (34, 35), I am not sure which measure you are referring to as “reduced dignity-related distress”

We have clarified that dignity-related distress is measured by the Dignity Therapy Patient Feedback Questionnaire.

**EDITORIAL REQUIREMENTS:**

1) Please specify in the title of your manuscript that this is a systematic review.

   We have added this term to our title.
2) Acknowledgements We strongly encourage you to include an 'Acknowledgements' section between the Authors contributions section and Reference list. Please acknowledge anyone who contributed towards the study by making substantial contributions to conception, design, acquisition of data, or analysis and interpretation of data, or who was involved in drafting the manuscript or revising it critically for important intellectual content, but who does not meet the criteria for authorship. Please also include their source(s) of funding. Please also acknowledge anyone who contributed materials essential for the study. Authors should obtain permission to acknowledge from all those mentioned in the Acknowledgements.

Please list the source(s) of funding for the study, for each author, and for the manuscript preparation in the acknowledgements section. Authors must describe the role of the funding body, if any, in study design; in the collection, analysis, and interpretation of data; in the writing of the manuscript; and in the decision to submit the manuscript for publication.

*A statement about funding for one of our co-authors has been added to the Acknowledgements. There were no other persons involved in the manuscript who needed acknowledgement.*