Reviewer’s report

Title: General Practitioners perceptions on advance care planning for patients living with dementia

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Reviewer: Tim Sharp

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Reviewer’s comments: Dr Tim Sharp, GP ST3 and Academic Clinical Fellow in Primary Care

Paper: General Practitioners perceptions on advance care planning for patients living with dementia
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Summary
This study covers an interesting topic, worthy of examination.

It unduly limits itself to practices which have more than 30 patients registered with dementia, and so excluded practices with less experience of dementia or who fail to register patients with dementia. This limits somewhat the ability to answer the paper’s second question: “the association of physician experience with dementia and their perceived role of advance care planning”.

The survey asked GPs to rate their agreement with recommendations from the European Association for Palliative Care. A response rate of 40%, although disappointing, appears acceptable for publication.

The data collection appears acceptable. However the presentation of results and their discussion seems less strong. The tables should be checked for numerical mistakes and the language used should be tightened to ensure it corresponds to the tables and reflects the granularity of the results found.

The paper’s results and conclusions seem to focus on the need for more training, and doesn’t fully recognise the richness of the opinions expressed and the barriers identified in the survey.

1. Is the question posed by the authors well defined?
The questions posed by the authors were well defined. They were a) to describe the attitudes of GPs to decision-making for patients with dementia and their families; and, b) to examine the association of physician experience with dementia and their perceived role (perception) of advance care planning.
Background
The background does provide a reasonable cover of the underlying issues around ACP in Dementia.

Occasionally the language is a little incarefully chosen eg line 10 “inability to communicate” Should this not be something along the lines of “difficulty communicating wishes” rather than a total inability?

It would be good to have evidence to justify “inappropriate palliation” of dementia patients, or of “family members having to make uninformed decisions for people with dementia”

At times the background seems to argue the papers conclusions eg “it seems compelling to engage patients with dementia and their caregivers in ACP” although fairly well accepted probably belongs in the discussion section.

Line 17: It would be good to evidence how low the use of ACP is with dementia patients.

2. Are the methods appropriate and well described?
I’m not clear why the authors restricted the survey to practices with a prevalence of 30 or more patients diagnosed with dementia. As one of the questions was to examine the association between physicians experience with dementia and their perceived role in ACP, it seems unwise to exclude practices with fewer than 30 patients diagnosed with dementia. This exclusion also risks selection bias in response to GPs attitudes in decision making for dementia patients.

The questions asked by the survey were recommendations from the European Association for Palliative Care. Although these appear reasonable – are they at risk of leading GPs in their response? It would have been even more interesting to ask what GPs did in practice rather than just their opinions. It would also have been useful to have included a copy of the survey as an attachment to the paper.

3. Are the data sound?
The paper relies on a relatively low response rate of 40.6% of GPs approached although it does recognise this as a weakness.

I would have preferred to see the percentages listed as the main figure in the table with the number of responses listed in brackets or not at all.

Although I haven’t checked all the tables but have found at least 2 instances where the percentages don’t add up to 100% - I don’t believe the difference can be accounted for by rounding errors.

4. Do the figures appear to be genuine, i.e. without evidence of manipulation?
Other than the errors identified above, the figures appear genuine.

I question why figure 1 plots the two responses against each other. I’m not sure
the statement “Dementia regarded as terminal” is directly related and should be compared to responses to “palliative care applies equally over time”. Presenting it this way seems to confuse the message. Is there a better way these responses can be represented?

5. Does the manuscript adhere to the relevant standards for reporting and data deposition?

The paper doesn’t explain why 5 excluded responses didn’t contain meaningful data. Otherwise the reporting and data deposition appears reasonable.

6. Are the discussion and conclusions well balanced and adequately supported by the data?

The paper analyses the results by aggregating strongly agree with moderately agree and likewise strongly disagree with moderately disagree. Although reasonable this risks losing some of the granularity of the data.

The paper’s analysis of results appears to have some procedural errors and at times risks losing some of the significance of the results. For example it states that 69% of GPs agree that ACP facilitates early decision making because families are better prepared although, however table 2 suggests 69% agree it facilitates later decision making. Even if the text of the article is taken at face value the more interesting component would seem to be that 31% of GPs don’t agree that it facilitates early decision making.

Similarly in line 119/120 the article suggests that 24.7% of GPs “did not feel early discussion on what severe dementia would look like were needed” however table 2 seems to suggest the statement made was specifically because “families will witness a patient’s declined”. There may well be other reasons why GPs did not feel early discussions were needed.

I think the exclusion of practices with less than 30 patients registered with dementia means there is limited benefits in analysing the relationship between GPs experience of caring for dementia patients and their perception of ACP. These GPs all work for practices with a significant number of patients registered with dementia and have all chosen to undertake this study. Only if practices with fewer patients registered dementia were included or GPs less focused on dementia would this analysis have real value.

The discussion seem to focus on the need for GPs to have more training on ACP in dementia. However this only seems to be the outcome of one question – Statement i. For this conclusion the paper seems to rely heavily on other papers (lines 200-209). As a result the conclusions heavily focus on training when to me this didn’t seem the main thrust of the data from this study

More could be made of the significant barriers the study identified to ACP eg when family members have difficult understanding the implications of treatment or when families don’t accept the prognosis.

7. Are limitations of the work clearly stated?
Limiting the study to only practices with more than 30 patients diagnosed with dementia seems a real limitation that should be considered. There is of course the risk that the survey questions themselves create a bias in responses, rather than questions which consider what GPs actually do in practice.

8. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?
Yes – the acknowledgements and references are well made.

9. Do the title and abstract accurately convey what has been found?
The background section of the abstract could reflect more of the richness of the main background section.
Again the conclusion focuses heavily on more training – and doesn’t reflect the richness of what the results seem to suggest.

10. Is the writing acceptable?
The writing is reasonable. At the risk of being pedantic there are several typos some are outlined above. Others include:
   Line 128 ?should be “frequent”
   Line 19 and 21 ? “people”
   Line 38 the association of physician experience with dementia and their perceived role (?perception) of advance care planning”

   **Level of interest:** An article whose findings are important to those with closely related research interests

   **Quality of written English:** Needs some language corrections before being published

   **Statistical review:** No, the manuscript does not need to be seen by a statistician.

   **Declaration of competing interests:**
I declare that I have no competing interests