Reviewer's report

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

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Reviewer: Stephen Barclay

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I read this paper with interest - advance care planning concerning the end of life with dementia patients is indeed very challenging. Leave it too late, and the patient will have lost decision-making capacity due to the illness and be unable to engage in ACP: initiated too early, the patient may have capacity but may not wish to discuss their end of life care.

There is a crucial ethical dilemma here, which the authors do not really engage with. They seem to assume that GPs should be embarking on ACP with all patients with early dementia - they just need more training in dementia care and communication skills to do so. I am unsure how evidence-based that view is - there is a growing literature that a substantial group of patients with early dementia do not wish to engage in such discussions, and many would reason that their preference not to have ACP conversations should be respected.

The second ethical dilemma is how frank doctors should be about the final stages of dementing illness - many view such protracted and undignified deaths as considerably worse than cancer and wonder if it is right to burden patients with such knowledge.

I would recommend that the authors engage with this literature and the ethical issues it raises.

The low response rate is acknowledged - not bad at 40.6%, but the views of most GPs surveyed is still absent. Have the authors attempted any form of non-response bias analysis, based on the demographic characteristics of responders and non-responders? That would strengthen the paper considerably.

Line 18: "providers MUST default to full treatment..". That is not the case: while they may tend to do so, they are able to make a best interests decision not to opt for full treatment. A brief discussion of the Mental Capacity Act in the context of decision-making in dementia care would be helpful.

Line 21: "family members HAVING TO MAKE UNINFORMED decision...". If the patient has lost decision-making capacity, it is the doctor and not the family who make best interests decisions, in consultation with the family. In many cases the family will have a good idea of what the patient might have wanted even though formal ACP was never undertaken. Again the Mental Capacity Act needs to be better explained here.
Line 78: Why were 5 response categories collapsed into 3? While it makes for ease of presentation, the authors have lost an important degree of data detail that could have been investigated with non-parametric analysis.

Line 117 - Respondents did AGREE that ...

Line 119 - did not AGREE that ... Watch the words used!

The bulk of the text in the results section is little more than repeating data already presented in tables and needs to be reduced.

Line 183: a strong desire for additional training... I'm not sure that the data really support such a strong statement as being a primary finding of the study.

Line 225: "report no training in communication .." This cannot be true - communication skills training is central to GP training and has been so for years - plus it is a core component of the MRCGP exam. They may have had little or no training in communication skills in dementia care or end of life care, but they have had lots of generic communication skills training that will be applicable to those specific care settings. Again, I think the authors are over-stating their case.

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

**Quality of written English:** Acceptable

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**

I declare that I have no competing interests