Reviewer's report

Title: Communication between family carers and health professionals about end-of-life care for older people in the acute hospital setting: a qualitative study

Version: 2
Date: 6 April 2015
Reviewer: Robin Cohen

Reviewer's report:

This is an excellent manuscript. The introduction is relevant and cites a variety of different sources. The methods are well described and rigorous (e.g. prolonged engagement in the field, triangulation of data sources; many transcripts coded independently by two reviewers, data collected on four different units). The authors clearly portray the communication process and the findings are well supported by data (within the space limits). The discussion brings the theory of concordance in communication to bear on the findings and suggestions for improvement in care.

The manuscript is exceedingly clearly written and free of typographical errors. It was a pleasure to read.

Minor essential revisions

1. The numbers identifying the authors’ affiliations are not all present.
2. It is not clear to me that the family members interviewed were carers rather than family members who may or may not have been caregivers. What were the inclusion criteria?
3. Keywords: In many areas of the world the term ‘family caregiver’ is used instead of ‘carer’. Add the term ‘family caregiver’ as a keyword since a database search of the term will not find articles with ‘carer’ as a key word (I learned the hard way).
4. On p. 7 at the beginning of the Methods section, please state and reference the type of qualitative methodology.
5. Page 30 line 9: Development of concordance theory in relation to…
6. The last sentence in the Conclusion is disconcerting and is the fixes not seem to fit at all with the paper. “More research is required to explore the dynamics of the interactions that successful and unsuccessful carers have with staff in the acute hospital setting.” Where does the classification of carers as successful or not come from and what does it mean? The whole idea of classifying/labelling carers this way seems incongruous with the thrust of the paper which is not to blame caregivers for not understanding or absorbing communication with health care providers.
7. Use fewer acronyms. Those used 1-3 times are not necessary.
Below are some minor suggestions for the authors to use at their discretion.

8. Page 8, line 13: the term “coding on” is not familiar to me, please delete (and keep what follows after the comma) or describe what is meant.

9. Page 31 lines 4-6: I am surprised that, as written, the health care providers make the decisions and the goal is to have carers agree with them. I would have thought that in most cases decisions should be made by the carer taking into consideration the health care professionals’ advice, or jointly (when the patient is not able to make decisions).

Level of interest: An article of importance in its field

Quality of written English: Acceptable

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

Declaration of competing interests:

I declare I have no competing interests.