Reviewer's report

Title: Strategies for effective goals of care discussions and decision-making: Perspectives from a multi-centre survey of Canadian hospital-based healthcare providers

Version: 2 Date: 23 March 2015

Reviewer: M. Jeanne Wirpsa

Reviewer's report:

Major Compulsory Revisions

1. Given the central role played by chaplains, psychologists, and social work in helping patients and families align values with medical plan, initiate goals of care conversations, facilitate advance care planning/advance directives, and address barriers to communication among families and between pt/family and medical team, it is unclear why these disciplines were not included in your study of healthcare providers' perspectives.

A more complete picture of currently effective strategies for goals of care discussions as well as ideas for overcoming barriers would emerge if these disciplines were included. For example, recent literature highlights the central importance of attending to spiritual needs and religious frameworks in goals of care discussions, especially at the end-of-life. This aspect does not emerge in your qualitative findings, perhaps because the discipline most responsible for focusing on this area of care (chaplains) were not included.

Discretionary Revisions

1. Although your study does not specifically focus on ICUs, it seems an oversight to not include well-developed body of literature from this setting. Reference literature on shared decision making model, strategies for improvement from critical care, intensive care settings including (but not limited to):

T Osborn, J Curtis, et al, “Identifying Elements of ICU Care that families report as important but unsatisfactory,” CHEST 2012; 142(5):1185-1192


J. Davidson, K Powers, et al, “Clinical Practice guidelines for support of family in
the patient-centered intensive care unit,” Crit Care Med 2007: 35(2) 606-622.

2. The low rate of response from attending physicians in the free text section of your study (16.5% v. 53.1% nurses, 31.6 % residents) merits further exploration or explanation in limitations of study section of paper.

3.. Figure 2: “All of the themes in DECIDE correspond to one of the categories in the ACCEPT study, with the exception of interprofessional communication; an analogous theme from a patient perspective could be represented as patient-family communication.”

While the other themes represent helpful correlates, this analogy seems forced or at least it unclear how it was derived. Pt/family comments on lack of coordination of care among providers or mixed messages from the medical team or the importance of daily goals of care discussions with the interdisciplinary team would better correspond to the theme of interprofessional communication rather than communication challenges between pt and family members. Pt-family communication issues would more appropriately correspond to patient/family factors in your diagram.

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

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 that I have no competing interests.