Author’s response to reviews

Title: Palliative care professionals' willingness to perform euthanasia or physician assisted suicide

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Author’s response to reviews:

Dear Professor Vergo,

We are deeply grateful for the valuable and thorough comments of both reviewers.

We have corrected all comments accordingly or given a comment.

We think our paper has improved significantly and hope to reach the standards of your journal to be accepted for publication.

Kind regards,

Julia Zenz

Reviewer #1:

1. Background needs to include that the authors performed a similar survey in 2012 at the same conference but this manuscript is distinguished from that (Zenz, Pain Ther, 2014) in that this asks physicians if they would actually perform the act instead of support it. This information was added to the background section of the paper.

2. Background needs to set the stage for why these 2 populations of physicians were chosen beyond that they were the ones at the conference. I can understand palliative care's role in euthanasia and PAS, but in my experience pain physicians are very remote from this type of action and therefore don't have much practical experience (argued later by the authors to be a challenge to past surveys of non-specialists; lines 232-240). I don't think pain
physicians would even be my control-- the generalists would be. Maybe more information about what the law (or other laws) include for what type of clinician can perform euthanasia or PAS could be helpful to frame this survey? The authors need to better explain why it was so important to measure pain physician's perspective on this survey or consider dropping them from the manuscript. It seems like a convenience sample given the way the manuscript read.

More information on the populations studied is provided as well as information regarding the legal framework of end-of-life care.

3. Page 10, line 216: As best as this reviewer can tell, the Seale reference was not a validation study of the survey. This needs to be re-phased if that is the case.

The sentence was rephrased.

4. Page 11, line 245: This reviewer looked at the tables and results and understood that 7.1% of respondents would perform euthanasia and 15.7% PAS (lists 5.3% on this line). Clarification is needed. In addition, one in six physicians willing to perform PAS seems like it is not rare-- likely a significant minority. It is important to include the PAS stat in this section since it is mentioned in the intro line for this section (page 11, line 248).

Numbers and percentages regarding all the respondents were added to the table.

5. Page 12: the survey was written for physicians -- especially the last 4 questions. I could see if they were asking advanced practice RNs who order medications routinely, but regular RNs would need a different survey in my mind. I think this paper is trying to accomplish too much and I suggest they remove the RN part of the survey -- it would work better as a separate paper if the authors so wished.

Of 272 nurses asked 47 work in a hospice, 85 in specialized out-patient palliative care and 81 in palliative care in in-patient units, summing up to 78 % of nurses questioned. Therefore the sample differs from regular nurses without experience in palliative care and its specific demands. Palliative care sets a particular focus on interdisciplinary work and the role of the nurses is essential [1]. In Germany, nursing training has no qualification comparable to an advanced practice nurse like in the American system. However, the attending nurse in a German palliative care setting plays an essential role in end of life care and also in decision making.

6. 23.7% of the population studied has no qualification in palliative medicine or pain medicine. Why did we not hear anything about this group? In a way, this could be a control group to both (although still biased as they were interested in this conference). In table 5, this subpopulation seemed to be more willing to perform euthanasia/PAS.

This is true. More information was provided regarding this group.

7. No p-values are listed in the tables. These need to be added to allow better interpretation of the primary data for the reader.
p-values were added to the tables.

Reviewer #2: This is an interesting topic and worthy of publication however the manuscript needs some revision in my opinion.

In general, there are several unclear sections and in my opinion, the English needs to be further edited

We have tried to improve the English phrasing.

Abstract:
the last sentence is unclear
The sentence was rephrased.

Background
- In your review of the literature you are missing a series of articles by Musgrave that dealt with scenarios on this topic using nurses from different clinical areas.
The articles are now incorporated in this paper.

Methods:
- what was the original purpose of the Seale questionnaire?
This information was added to the method section.
-there is no discussion of the reliability and validity of the questionnaire
More information was added.
- I would suggest instead of doing a series of analyses that the authors consider doing 2 logistic regressions where the criterion variable is either willingness to perform euthanasia or PAS and the predictors are profession, qualification, and demographic variables
Logistic regressions were performed but proved no significant results.

Results:
the subsections are too short. Many can be combined into one section

Some of the subsections are now combined.

-the last sentence of the results section is unclear

The sentence has been clarified.

Limitations:

-the authors assume that the results do not reflect the general opinion of German physicians and nurses. How do they know that? I would say that the results might not reflect their opinions as the sample might be biased.

The sentence was rephrased.

-I would also include that the scenarios used are limited. What about terminal patients with dementia or other diseases that are not cancer?

This is true. However, we selected and limited the questionnaire to a physical symptom. A patient with dementia is by definition not able to make responsible decisions and thus not a candidate for physician assisted dying. Euthanasia on patients with a psychiatric disease such as dementia is a highly controversial topic [2], which we deliberately excluded from this paper. Discussion of the limitation regarding the scenarios was added.

Discussion:

-the first sentence includes the term, "without biased idioms" I am not sure that I understand what that means

The sentence was rephrased.

-the last sentence of the section on acceptance and willingness to act is unclear (p.12, lines 254-255)

The sentence was erased.

-what is a "liberal attitude"?

Clarified in the text.

-the sentence on page 13, line 277-280 is unclear

The sentence was rephrased.
-the conclusion on page 14, lines 304-306 needs to be further explained
Explanation was added

- I think that the conclusion on page 14, lines 314-316 goes beyond the data of the current study

Our conclusion was rephrased

- Is Germany the same or different from other countries in this area? This should be explored and incorporated into the background and discussion. Does German culture affect the results?

This paper does not aim at exploring intercultural differences. We would like to be cautious in relating to former German history. However, the discussion incorporates studies from various countries and points out possible differences.

Table 1: I would delete this table and put it in the background section

Table 1 was deleted.

Table 2: contains the questions but not the possible answers or the results of the study

Table changed

- the translation for item 8 is unclear

Corrected

Table 4: I would make its layout like table 3. Currently it is very hard to follow

Format of the table was changed.

Table 5: this table could also be laid out like table 3- items/questions to the left and the answers in clear columns on the right

Format of the table was changed.

- what about physicians that specialized in both palliative care and pain medicine?

Information about those physicians was added to the results section.
