Author’s response to reviews

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

Authors:

Julia Zenz (juliazenz@mail.de)
Michael Tryba (michael.tryba@klinikum-kassel.de)
Michael Zenz (zenz@anaesthesia.de)

Version: 2 Date: 15 Oct 2015

Author’s response to reviews:

Dear Professor Vergo,

Thank you very much for your thorough comments on our submission.

We think we could answer all queries and revise our manuscript accordingly.

We hope to meet the high standards of your journal and would be happy to be accepted for publication.

Kind regards,

Julia Zenz

1. The Seale survey was NOT validated and this language needs to be removed from a few areas in the paper (Abstract, Line 14; Instrument section, Line 12; Limitations section, Line 35). In addition, discussion about why the reader should trust the Seale survey if it is not validated. Reviewer #2 asked for reliability data-- is this available?

You are right, and we apologize for this phrasing. However, I would like to explain, why we were mislead by several wordings in highly cited papers:

Van der Heide et al mentioned in Lancet 2003: “Therefore, we believe that our study provides valid and reliable data on end-of-life decision-making in several European countries.” The questionnaire has not been validated as far as we know. Furthermore Schildmann et al (2010) wrote by quoting van der Heide et al: “Next to the advantage of extensive validation of the EURELD questionnaire in many studies one advantage of the survey instrument is its
terminology which avoids terms easily to be misunderstood such as ‘(passive) euthanasia’.
Schildmann et al understand „validation“ as repeated use in several papers without a formal validation.

Our German version relates to a questionnaire being used over several years by the British Social Attitudes and is described by Seale in this way:

„The British Social Attitudes survey(5,6) has tracked changes since 1984 in public opinion, using the same questions each time, and is perhaps the most reliable source of evidence here with funding not linked to any organisation with a commitment to one side of the euthanasia debate.“(Seale 2009)

As regards the reliability: In contrast to then EURELD questionnaire the wording in the Seale questionnaire is precise and clear, prevents from subjective wordings like “Sterbehilfe” and does not open for alternatives like “you or your colleague”.

Reliability data are not available.

2. Statistical methods not updated to match reviewer #2’s recommendations (logistic regressions). Author notes this strategy did not give statistically significant results. If so, then does this dramatically shift the findings of the paper (based on the new and suggested statistical approach)?

The study protocol of our study proposed doing the Chi-square test in order to find out more about the strength of the relationship of the variables. This means adding further statistical tests post hoc is not valid. Nevertheless, a logistic regression model was used and proved no significant results. This is now added to the limitations section of the paper for clarity.

3. Non-statistically significant differences don’t need to be expanded on with numerical values (ie. “Differences among physicians with a special qualification in palliative care and pain medicine” Section, Lines 45-61 could be condensed).

This section of the paper was condensed.

4. Table 4 needs clarification on statistical significance. Is the p-value comparing pall care specialty with the combination of pain specialty and no specialty or just one or the other? Would suggest clarifying this using the columns delineated in Table 4.

The table was changed in order to clarify the statistical significance.