Reviewer’s report

Title: Limiting Treatment and Shortening of Life: Data from a Cross-sectional Survey in Germany on Frequencies, Determinants and Patients’ Involvement.

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Reviewer: Hilde Buiting

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BMC Palliative Medicine

Limiting treatment and shortening of life. Data from a cross-sectional survey in Germany and ethical analysis on physicians' intentions and patients' involvement in decision-making.

General

In this questionnaire study about end-of-life decision-making practices 734 doctors across different disciplines were approached (403 responded). This specific study focuses on the forgoing of potentially life-prolonging treatment including doctors' estimated life-shortening effect, the type of treatment withheld or withdrawn, and communication with doctors and patients. Although the response rate is not that high, the study provides data from Germany and also includes some new variables such as involvement of a palliative care specialist and religious affiliation. I however have some comments/suggestions to further strengthen the paper.

Major

- Throughout the article the authors state that analyzing the data from an ethical perspective is important. However, the authors predominantly mention that they analyze the data ethically. I suggest to do this more thoroughly in the Discussion part of the paper.
For instance: line 245/246. The authors question whether a different disease trajectory will eventually result in different life-limiting practices. I agree with this assumption, but would strongly suggest to refer to relevant literature, and for instance refer to limiting treatment in an older population and a cancer population; perhaps the default approach is different due to different patient characteristics and 'doctor cultures'?

For instance: The early integration of palliative care is a heavenly debated topic right now; do the authors have any idea why there is no significant association? Perhaps, some types of treatment are more frequently withheld by palliative care specialists, and other types of treatment not? What is in fact the number of doctors with a specialization in palliative care?

- In the introduction section of the paper, and in the final conclusion of the abstract; the role of value laden aspects is mentioned. It is however not made very clear what the authors mean with value laden aspects. By doing an ethical analysis, this warrants more attention.

- I am not sure about the most important findings of this paper; is/would you expect the German situation to be very different from other European countries? Are new questions adding new information to the literature (such as information about expertise in palliative care / religion)? Or are the data analysed in a different way (e.g. ethically)? Please be more specific.

- It would be good to check the paper for English grammar.

Minor

- Abstract.

If the ethical and legal aspects are mentioned in the introduction section, you would expect this aspect in the paper more extensively. If not, I suggest to focus on doing a descriptive analysis to picture German practice with respect to life-extending treatment, anno 2013. I also think that there are in fact quite some interdisciplinary in-depth analyses about this topic (which contrasts with what the authors suggest). The conclusion of the abstract can be stronger/more innovative. The sentence about the role of value related aspects comes somewhat unexpectedly.
- Introduction.

Line 64; Is 'limiting' treatment a correct English term. I am not sure about this.

Line 67; I think that there are other diseases than cancer in which dilemmas due to uncertainties may arise.

Line 69; 'Hence…..' Please, explain this a little better

Line 76-78; Could you please explain this a little more. For me, it is not altogether clear why the data are not valid for current end-of-life practices.

Line 83-84; I'm not sure whether this is true. The sentence, 'such data is important…. ' could be left out

Line 96; I suggested mentioning the year here too.

- Methods.

Line 336; Why do the authors choose for 4 variables beforehand (on the basis of literature); I would suggest doing the analysis by checking other variables also. Or is there a statistical power problem?

- Results.

In general, I suggest to present the percentage instead of the absolute numbers.

In general, the result section can be shortened; please provide the most important results (this will probably facilitate the discussion section too)

Line 149-152; I suggest leaving the sentence … In the following analyses we report…..out. This is Methods, but is not really necessary to mention I would think.

Line 182; Please leave out (wording according to questionnaire); this raises questions, instead of being explanatory.

Line 200-203; Please bring this sentence to the methods section
- Discussion.

In general, I suggest to focus on a few topics. It seems that there is no clear message while reading the discussion section. The number of topics can better be shortened.

Line 225: Please bring the strengths and limitations of the study in one paragraph (at the beginning or at the end)

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.
Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.
Yes

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.
No

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.
I am able to assess the statistics

Quality of written English

Please indicate the quality of language in the manuscript:

Needs some language corrections before being published
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