Reviewer’s report

Title: The second patient? Family members of cancer patients and their role in end-of-life decision making

Version: 0 Date: 12 Oct 2017

Reviewer: Tieghan Killackey

Reviewer's report:

Thank you for the opportunity to review this manuscript examining clinicians' perceptions of the role of family members in end of life decision making. Some suggestions and questions are provided below according to the various headings provided in the paper.

Background

1. Paragraph 1: In the sentence on Line 12-14, I wonder if it would make more sense as "family can facilitate or hinder a patient's decision to pursue supportive care". I would also suggest removing "best" from "best supportive care" (Line 14) as it is not clear what "best supportive care" means in this context.

2. Paragraph 1: The phrase "communication regarding treatment limitation" is unclear - this makes me think of the limitations of specific treatments as opposed to the idea of limiting curative pursuits (which is what I think you are trying to say) - perhaps instead "treatment options" could be used?

3. I would argue that there are studies on the inclusion of family members in treatment decision making in oncology that incorporate the professionals point of view. See:


I think that makes this paper distinct is that the authors may be focusing on decisions regarding 'treatment limitation,' however it is unclear what the authors mean by treatment limitation. I would suggest the authors incorporate a definition and examples of what this into the introduction so it is clear what is the focus of this study.
Methods

4. Design of study and participants: It is important in qualitative research to outline what type of qualitative methodology specifically (i.e. grounded theory following which theorist?) was used and why grounded theory was chosen as the most appropriate method to answer these questions as opposed to other qualitative methods (many would argue that all types of qualitative research are relevant for exploring complex phenomena and understanding people's experiences). Grounded theory is also generally known for having the overall goal of theory development - was this a goal of this study?

5. Sampling strategy: I wonder if the authors could provide more information in regards to the "theoretical sampling" used and provide a better description of the sample -i.e. How the authors chose the number of each healthcare provider group that is represented? Did participants self-identify to researchers and was there any participation incentive? What type of setting and what population of oncology patients do these providers work with?

6. Sampling Strategy: If theoretical sampling was indeed used, it is important to state specifically how participants were recruited in relation to the theory development process. Theoretical saturation is used when the goal of the work is theory development - this is different than "thematic saturation," or the idea that no new themes are emerging from the data. I would recommend an alternative reference to [24] such as:


7. It is unclear how many interviews were conducted, how long they lasted, if supplemental field notes were taken, etc. I suggest a statement regarding the authors' decisions related to amount of data collected be included in the methods section.

8. Was there any need to modify the interview questions in an iterative fashion as data collection took place?

9. I would recommend the authors provide examples of some interview questions, and/or attach an appendix with the interview guide.

10. I would suggest an examination of the role of the researcher in relation to the study and the participants in order to fulfill the need for reflexivity as a key measure of rigour within qualitative work.
Rigour

The authors mention using both theoretical and maximum variation sampling. If maximum variation sampling is used, it is important to outline why this is relevant to the research question. Was participants' previous experience working with family members of cancer patients included in the concept of 'maximum variation'? Finally, if this is a maximally diverse sample, would the authors feel comfortable translating the results? How far and wide would these results be applicable to other settings?

Results

11. The lack of details regarding the results is a weakness in this manuscript. I wonder if the results could be more thoroughly discussed, as there is a depth of analysis that is missing in this section. It would be helpful to provide more quotes to demonstrate the saturation of themes that was previously discussed. The current presentation of results does not demonstrate that these results have emerged from an analysis of many interviews (i.e. Heading #3 in the Results section which is supported by only one quote). I would also recommend that the authors shorten the quotes (to allow for more quotes) and contextualize the quotes. It is challenging to know exactly what question or topic the participants are responding to - perhaps the authors could state something like: When asked about the challenges of discussing treatment options with family members, participants often stated: "insert quote"

12. There is a significant difference between the involvement of family members in decision making when the patient is capable compared to when the patient is not capable. There are also significant legal differences. This should be clearly stated and outlined in your introduction - are the authors interested in the role of family members in decision making when the patient is capable, or when the family member is required to be a substitute decision maker because the patient is incapable?

Discussion/Conclusion

13. In this section, the term 'oncologists' is frequently used when describe the perspective of interviewees - it is unclear whether this is an opinion that is specific to only the oncologists in the sample (if so this should be clearly stated in the results) or that the term 'oncologist' is being used to represent the whole sample despite the fact that nurses made up 30% of the sample. Using this term is therefore inaccurate and should be broadened to account for all the participants of the study.
14. I would recommend that the authors condense the discussion in order to add analytical depth to the presentation of results.

15. The conclusion does not fully reflect the overall results of the study. I would suggest that the authors clearly state what the goal of the study was and what this knowledge contributes to current practice.

Limitations

16. I would recommend the authors provide a discussion of the limitations of this study.

17. Overall I would suggest the authors carefully check the paper for grammatical errors to enhance the flow of the manuscript (specifically verb tenses and some sentence structure issues).

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.

Not relevant to this manuscript

Quality of written English
Please indicate the quality of language in the manuscript:

Needs some language corrections before being published


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