Reviewer's report

Title: Exploring attitudes toward physician-assisted death in patients with life-limiting illnesses with varying experiences of palliative care: A pilot study

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Reviewer: Birgit Jaspers

Reviewer's report:
Given the recent legislative changes in Canada, I believe it is important to undertake research into attitudes towards hastened death, desire for hastened death, and performance of hastened death. The manuscript covers an interesting matter and is well written, but unfortunately will need major revisions before consideration for publication.

The study was undertaken before the new regulations came into force and aims to measure a hypothetical consideration of PAD at two time points, approx. 2 weeks apart, based on the time given in the new Canadian regulations on PAD between a request for PAD and its possible performance. Three groups of patients with life-limiting illnesses are compared: Patients who are introduced to palliative care during the 2 week-span, patients who are not introduced to palliative care, and patients who had contact with palliative care in the past. It is unclear (no framework given for deduction of a hypothesis), why a measurement of a hypothetical wish for PAD and/or an attitude towards PAD should change over a short time, even when patients are newly assigned to palliative care. The fact that a hypothetical wish was assessed twice is stated in the limitations section (page 15: Furthermore, the main survey was not validated and thus, all answers should be interpreted as hypothetical desires only. We do not assume or infer any correlation of the hypothetical desires expressed by our participants with actual decisions to pursue or complete MAID). Nevertheless, in the manuscript the term "personal desire for PAD" was used. This seems to be too strong for the question about a hypothetical consideration of PAD for oneself in the future.

In the discussion section, the authors state that participants had a higher personal desire for PAD and that the wish to hasten death is independent of pain control. This is misleading, as a wish to hasten death is not measured in this study, from the data we can only conclude that a
hypothetical consideration of PAD for oneself may not be dependent on pain control (and why should it?).
Also, there is no description of palliative care 'interventions' (term used on page 8 and 15), it is only known that 2 groups had palliative care service involvement at some point. Therefore, the full title ("The impact of palliative care…") seems to be too strong for this study, given that there are a) two measurements with ESAS and PPS and b) is no information about treatments and no qualitative data on factors that may have influenced ESAS outcomes. The conclusion drawn from the study that "the role (of palliative care) should be reframed as primarily supportive rather than preventative" is not justified (neither by the design of the study nor the research question or the results).

Data presentation and analysis
Table 1 is titled Baseline characteristics but also shows data covering the second assessments (ESAS und PPS at time 2 for which no n is stated in the table). A cross-check with the data shown in Figure 1 (Study flow chart) shows inconsistencies regarding the numbers of participants in survey 1 (102) and 2 (70) and makes it impossible to understand the analysis. According to the flow chart the first survey was completed by 102 patients (new palliative care: 64, no palliative care 21, prior palliative care 17), the second by 70 patients (new palliative care: 43, no palliative care 14, prior palliative care 13). However, baseline data are shown for 81 patients (new palliative care: 43 - matching the number of the second survey, no palliative care 21 - matching the number of the first survey, prior palliative care 17 - also matching the number of the first survey).
It is unclear, what 18% missing data means, usually missing data refers to missing answers in completed questionnaires. This should be explained and is not clearly addressed (page 6).

Though the primary objective suggests a clear hypothesis, it is not formulated statistically. Instead, many primary outcomes are mentioned. Primary outcomes are not statistically defined and therefore it is not possible to assess how many tests regarding statistical significance have been performed. This is vitally important information, as the possibility of statistical artifacts (a p-value under 0.05 which has been generated not by real differences in the population, but by
chance) rises with each test. Therefore, the level of significance, which is not mentioned in the manuscript, should be adjusted to the number of tests performed to test hypotheses.

There was also no a priori power calculation which suggests that this was an exploratory study. An exploratory study does not justify testing of significance, as it does not allow the formulation of a hypotheses before data analysis. Instead, it is recommended to present descriptive data only. The small group sizes also lead to questions regarding the validity of the statistical analysis.

I would recommend including an additional statistical review.

Some minor changes are needed with regard to

a) references
Ref 1: Error, goes to https://www.cma.ca/En/Pages/error.aspx
Ref 17: Error, goes to a table showing data of 2013; data of 2011 are shown at http://www.statcan.gc.ca/daily-quotidien/140128/t140128b001-eng.htm; only data for cancer, not for HIV; however, the latest data available, it seems, are causes of death in 2013, showing 29.8% for cancer - hardly a difference;
therefore - unless other and more recent data are available somewhere else - the sentence (page 5, line 14-19) "These data, however, are out-dated and no longer accurately represent patients dying in Canada; cancer and AIDS accounted for only 29.9% and 0.1% of deaths in 2011, respectively [17]." should be changed, because it gives the impression that more recent data on causes of death show considerable changes.
Ref 34: Error, cannot be found.

b) appendices
Appendices are titled Appendix 1 and Appendix 2, in the manuscript is a reference to Appendix A (page 6, line 32)

c) figures and tables
Figures and tables need to be checked for missing explanations of abbreviations and axis labelling (e.g. 2b, 2c, 3b, 3c - Likert scale).
Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.
No

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

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 recommend additional statistical review

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Please indicate the quality of language in the manuscript:
Acceptable

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