Reviewer’s report

Title: Medical staff opposition to a deep and continuous palliative sedation request under Claey's- Leonetti law

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Reviewer: KENNETH CHAMBAERE

Reviewer's report:

This is a relevant contribution which touches on a number of sticky issues related to palliative sedation, in the context of national legislation but also in the context of international debate. Please find my comments below.

INTRO

need for more clarity in the description of the legal situation (important for readers to understand the context fully)

- "right to deep and continuous sedation": is this really a right? So physicians cannot deny DCS if patient fulfils all criteria?

- "analgesic treatment": so this can be given alone, without sedatives, to achieve DCS? this I would find very strange

- "if the patient is likely to suffer pain": so DCS can only be given for pain and no other symptom such as dyspnea eg? And the patient does not have to suffer (pain) presently, ie DCS can be provided for anticipated pain? This would also be highly unusual

- "short-term prognosis": is this term not made concrete in the law? eg two weeks?

- "Secondly, when patient with a serious and incurable condition take the decision to stop a treatment that could result in a short term life-threatening and/or potential unbearable suffering": so in this case a short-term prognosis is not necessary? and the treatment COULD result in death or suffering: this could mean even with a very low likelihood?
CASE PRESENTATION

- line 111: is 10 days not short-term death (prognosis)?

- is refractory psychological distress not an acceptable reason for DCS? or did the patient not present this distress after adequate treatment?

- unclear to me: did the patient request a hastened death by DCS? Or did he instead ask to be kept sedated in his final days? This is an important issue to clear up in this case presentation, in light of the entire paper.

DISCUSSION

- the authors pinpoint the difficulty of objective and/or measurable criteria but do not offer suggestions on how to tackle the issue. The authors could suggest a solution based on the case presentation? What about the "palliative multidisciplinary board", would it be worthwhile to propose this as a good system to review eligibility of DCS requests, eg through some degree of consensus among practitioners? And how do the authors feel about the idea of oversight via reporting DCS to the central authorities, or via registration at regional hospitals? Would they recommend this, or rather not? What other solutions can be imagined?

GENERAL

Some English language corrections are needed, please let a native speaker read through the paper

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.

No

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

Yes
Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
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Not relevant to this manuscript

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Please indicate the quality of language in the manuscript:

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