Reviewer’s report

Title: "Just too busy living in the moment and surviving": Barriers to accessing health care for structurally vulnerable populations at end-of-life

Version: 0 Date: 20 Jul 2018

Reviewer: Caroline Shulman

Reviewer's report:

I think this is an excellent well-written paper which I enjoyed reading. It will be extremely valuable for enhancing our understanding of the challenges for and needs of people experiencing homelessness, who have life limiting illnesses.

My comments are few.

Main comments:

1. I wonder if the authors may consider splitting barrier number 2 into 2 separate points (normalization of dying and the problem of identification) as it appears to combine 2 issues which overlap but are also in many ways different. There is almost a natural split already in the way it is written on page 14, at line 17 and I wonder if it may add clarity and emphasise both points more.

2. In our research, when participants struggled to accept their diagnoses, this tended to be related to disbelief, fear or denial rather than 'normalization". As it reads here, I feel there needs to be more evidence as to how this was normalization so perhaps this can be expanded.

3. This section also contains the story of Sherry, where what is being described is the way she is perceiving her care. This doesn't really fit into this barrier and perhaps needs to be moved elsewhere. This is more about attitudes of health care providers to her and the impact this has on her response. Currently this barrier around staff attitudes and how they are perceived is amalgamated into other themes and I wonder if it should have a theme of its own. Alternatively, perhaps it could be combined into the theme on 'professional risk and safety management' with a different heading.

4. Numbers may be too low to draw any conclusions and most of the participants had cancer, but I wonder if the diagnosis had any bearing on whether or not they were recognised as being on the palliative trajectory. Certainly in our work, cancers appeared to be virtually the
only time that palliative care services were involved. Perhaps this could be added into the
discussion.

5. Discussion - related to point 4, it would be useful to consider how the identification of people
for recruitment may have impacted on the findings. For example, the majority of participants
had a cancer diagnosis. Despite the barriers and challenges for this group being huge, do you
think that care received by those with non-cancer diagnoses, such as organ failure, may be
even worse? If so, perhaps this could be addressed in the discussion.

Minor points:

6. Page 6: line 51 (referred to throughout). For the non-Canadian audience I wonder if
colonialization should be explained a little


8. Page 9 line 20 'substances' should read as 'substance use'

9. Page 10 line 12 typo - structurally should read as structural

10. Page 14 lines 30-36: needs to be slightly re-written to clarify the point being made. Currently
    says: 'In almost all cases study referrals.... participants who were very ill and suffering but
    not on a palliative trajectory”. I think what it means is ‘..they had not been previously
determined to be on a palliative trajectory (implying they should have been which is
currently not clear as written).

11. Page 16, line 17: add a comma after house as follows: A lot of folks that we house, drink...

12. Page 27 - reference: my name is misspelt (not Schulman just Shulman)!

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.

Unable to assess
Are the conclusions drawn adequately supported by the data shown? 
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