Reviewer’s report

Title: Discussing end of life wishes - the impact of community interventions?

Version: 0 Date: 12 Jul 2017

Reviewer: Tim Luckett

Reviewer's report:

This is a well-written paper reporting a study that evaluated awareness raising sessions and 'how to' workshops on discussing end of life. Public health interventions of this kind are currently a 'hot topic' in palliative care research and practice.

The main limitation of the study is that people who chose to attend were likely to be more willing to discuss end of life than most members of the public, as is reflected by their high rate of wills and level of comfort at baseline. Differences on these outcomes between study participants and those of previous population surveys are noted in the Discussion but the link is not made with a likely sampling bias due to a volunteer effect. This is doubly important because a ceiling effect arising from this sampling bias is likely responsible for the limited intervention effect. Are there ways the authors could try to reach the mainstream public with their intervention in the future - e.g. via workplaces?

The Introduction is quite detailed and goes beyond the rationale for the reported study. Some of the minor points could perhaps be moved to the Discussion or else removed altogether.

More specific comments are as follows.

Introduction

P3 line 8 - I suggest replacing 'postulate' with 'have been developed on the assumption that'
P3 line 40 - please clarify what is meant by 'In a study of independence in people over the age of 75, 42 of 72 participants (58%) talked about death, although they were not specifically asked about death'.
P3 line 53 onwards - is 'expected death' more widely used and understood than 'aware dying'?

Methods

More information is needed about how people were recruited to take part in the intervention and research. This is important because of the obvious risk of sampling bias and implications for generalisability highlighted above.

More information is needed about the questions in the survey and whether these were validated. A rationale is needed for why age was considered to be such an important lens for reporting of results - for example, did the authors have hypotheses about how views might differ between age
groups? And why were over/under 65 years and 10 year age groups from 35 years onwards chosen as the focus for analyses? The Discussion mentions that the results on age 'made sense' to the authors but do not cite any relevant literature.

(Assuming I have understood correctly) why did the regression analyses only look at independent relationships of socio-demographic variables to survey responses rather than in a multivariate way?

The Results contain a brief summary of responses given to open survey questions. Information is needed on how these data were analysed.

Results

Are data available to compare the 74% of attendees who responded with those who didn't on socio-demographic variables?

Table 4 refers to non-responders, but doesn't it really mean people who provided baseline/post data but not 3 month follow-up?

Are the results reported under the heading of 'Preparations for end of life' all baseline?

Tables 1 and 2 requires headings for columns (age groups) and rows (survey items?). Table 2 also needs to explain the direction of significant results for under/over 65 years; and what about people who were exactly 65?

**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?**
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

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