Reviewer's report

Title: How to Come to Terms with Facing Death: A Qualitative Study Examining the Experiences of Patients with Terminal Cancer

Version: 1 Date: 19 Sep 2018

Reviewer: Melissa Bloomer

Reviewer's report:

Unfortunately, despite what appears to be extensive revision by the authors, this manuscript is not suitable for publication.

A number of statements throughout the manuscript are not referenced. Examples include Page 3, Line 3 'It is estimated...' and the subsequent sentence 'In higher-income countries...' Another example is on page 4, line 36 'Not surprisingly...' Another example, page 5, line 18 'The number of'

Page 3, Line 11 to 21 is disjointed and lacks logical flow. The accepted writing convention is to present one idea or one key point per paragraph
Page 3, Line 23, Kubler-Ross is very outdated. There are multiple newer theories that could be used here to explain the process of grieving and anticipatory grief.
Page 3, Line 52 the terminology 'strong anxiety' and 'spiritual pains' is not explained. Spiritual pains is not a term used in English-speaking countries. Also what is meant by 'various sufferings' (line 57)?

Page 4, line 9 the authors refer to psychiatrists. Yet I would assume a terminal patient would be more likely to see a grief and bereavement counselor, social worker or psychologist, BEFORE seeing a psychiatrist. The authors also fail to acknowledged that to some extent, grief, sorrow, anxiety and feelings of depression are also a normal and logical response to a terminal diagnosis. This is important because a clinician's aim should not be to remove or suppress all negative feelings, but rather to manage them so that other aspects of living are not unduly impacted.

Page 4 'spiritual pain' and 'mental stability' are not adequately explained to an international audience. Neither of these terms are familiar to me at all, and are not used in clinical practice

The purpose statement, found on page 4, line 43 does not make sense due to the grammar. The sentence reads 'The purpose of this study is to clarify that patients who exhibited anxiety or depressive disorder how recognize the terminal stages and are trying to stabilize their mental health' After reading this several times for clarity, I am not sure, but I think you mean 'The purpose of this study is to explore how patients with a terminal illness manage feelings of anxiety or depression' But I am not sure from the purpose statement. The subsequent sentence is much clearer
In the previous review, the authors were asked to remove references to 'we' in their writing and use third person convention. Yet there are still instances of 'we' throughout the body of the manuscript.

The first mention of nurses is on line 50, of page 4. Reflecting on this, I am left wondering why nurses are not identified earlier as healthcare professional integral to assessing and supporting the person with a terminal illness, identify and manage negative emotions such as symptoms of anxiety and depression. Most certainly, nurses are most often the most likely to interact with patients, often responsible for coordinating multidisciplinary care teams, so this is peculiar that they are not mentioned earlier.

What is meant by 'latent mental needs', page 4, line 55?

It is not clear how the data commencing on page 4, line 57, through to page 5 relates to the present study. If this is background information, then it should be moved earlier, prior to the purpose statement. Furthermore reference to STAS-J on line 14, page 6 is not helpful. I don't know what this is, and I doubt most readers would not not

Page 5, there is no description of or justification for the study design. The authors need to briefly describe the methodology and justify why it was chosen.

It is not until the 'Participants and Setting' section that the authors state that this study relates to Japan. As detailed in the previous review comments, some information is needed on the background to explain the influence of the Japanese culture of perspectives of death and dying, the hospice/palliative care movement and cultural influences. It cannot be assumed that the readership will understand this. How is hospice care provided in Japan? Who can access hospice care? At what point in the disease trajectory is hospice care available? Is it multidisciplinary? Is inpatient or outpatient hospice care provided?

Why only cancer patients? Why not patients with other terminal illnesses?

Page 6, how many potentiality participants were approached? How were potential participants identified?

Given the concerns already raised, I cannot endorse this manuscript for publication. It does not meet the needs or interests of an international audience, nor is it self-explanatory enough in terms of language and terminology that it could be of use to an international audience.

I also note that my concerns raised on the last review were not sufficiently addressed and most remain areas of concern in this version.
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.

No

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

Unable to assess

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:

Not suitable for publication unless extensively edited

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