Reviewer's report

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

Version: 2 Date: 28 Jan 2019

Reviewer: Melissa Bloomer

Reviewer's report:

Thank you for the opportunity to review this manuscript again. Unfortunately, despite the extensive revisions made by the authors, in my opinion, this manuscript is not suitable for publication. The biggest issues are the language, grammar and structure; all of which impact the readability of this manuscript. Some examples:

Lines 3-11 do not make sense. Rather than saying 'palliative care is required in 37.4% of all-cause deaths worldwide', instead the point the authors should be making is that 'in 37.4% of cases, patients who died could have benefited from specialist palliative care'.

Clarification is also needed about what is meant by 'palliative care'. This term could be used to refer to a specialist palliative care service, or the end-of-life care provided by any clinician to a dying person. There are significant differences, and it is not clear which is being referred to.

Line 21, sentences commencing with 'There were 357...' does not follow from the previous sentences, and are not clearly or logically presented. Are Palliative Care beds only provided for those with cancer and 'acquired immune-deficiency syndrome'? What about all other patients with a terminal illness?

Define 'professional palliative care

a number of statements are not supported by academic references. Some examples include:-
Page 3, Line 38, 'To solve this problem...'

Page 3, Line 40, 'The number of cancer patients...'

Page 4, line 26, 'Healthcare professionals...'
Page 5, line 8-28 are not supported by academic references

Page 3, line 52, the authors refer to 'end of life care' but it is unclear if this is different to palliative care, referred to earlier.

Page 4, line 35, please clarify why is it nurses (sole) responsibility to understand the suffering and impact it has on patients' lives' - surely all clinicians should have the same responsibility, particularly given the global trend to multidisciplinary teams. Furthermore, patients dying from diagnoses other than cancer can have similar experiences, so it is not clear why they are not acknowledged here.

Page 4, line 48, the authors state data to support the relationship between anxiety and depression and a cancer diagnosis, but fail to explain how these symptoms can also be viewed as normal human responses to a cancer diagnosis and/or terminal illness. It needs to be explained that perhaps it is the impact of these feelings, or the degree to which they impact patient coping that is what is important. Essentially, I would expect any person with a cancer diagnosis, or with a terminal illness of any sort, to have some degree of sorrow, anxiety and or depression at some point.

One of the biggest flaws with this manuscript is the statement commencing on page 4, line 57 in which the authors state 'However, no studies....'. I do not agree with this statement. If this is the justification for this study, then it is flawed.

Page 5, line 8, please define 'general nurse' - who, where, quals etc

As a qualitative researcher, I am not familiar with a 'psychophenomenological approach, which is a descriptive phenomenological approach originating from Husserl's approach'. It is customary to provide enough detail, backed up by academic sources, to enable the reader to understand. This has not been provided.

The aim statement provided on page 5, line 30 is different from that provided on page 6, line 4.

Given the focus of the study, it seems odd that patients who 'exhibited a depressed mood or intense grief' were not included in the study. This has not been explained or justified.

There is also no explanation of who conducted the interviews, their quals etc. This is important so that the reader can make an assessment of their suitability/appropriateness.
Please clarify, if the research was explained to 21 people but only 16 signed the consent, does this mean 5 people chose not to proceed? I am also concerned that participants were interviewed multiple times, yet there is little detail to explain if an iterative or incremental approach was used to interviewing to justify multiple interviews. From an ethical standpoint, this needs to be clearly explained. Furthermore, the statement at top of page 7 that 'interview sessions were limited to approximately one week' needs revision. As it is currently written, it means that interviews lasted one week!

I will not comment further. There are too many flaws in the paper to this point, to warrant publication.

I would strongly encourage the authors to seek an additional co-author with English as their first language, and with significant experience in writing for publication, to assist in amending this manuscript

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.

Unable to assess

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
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I recommend additional statistical review

Quality of written English
Please indicate the quality of language in the manuscript:

Not suitable for publication unless extensively edited
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