Reviewer’s report

Title: How do hospital-based nurses and physicians identify the palliative phase in their patients and what difficulties exist? A qualitative interview study

Version: 0 Date: 01 Feb 2019

Reviewer: Anne Wichmann

Reviewer's report:

Dear authors,

Although relatively much has been written about (tools for) the identification of palliative patients, there still are major shortcomings in daily practice and understanding of the palliative care concept. This is all the more true in the hospital setting. Therefore, this paper seems most relevant. However, I have some questions and suggestion I would like you to respond to. Please process them throughout the manuscript.

1. Background

1.1. "The common belief now is that palliative care should be integrated .. " This is not only a common belief, it is clearly defined in the WHO definition (2002) of palliative care. Also, the national Dutch quality framework for palliative care (Kwaliteitskader palliatieve zorg) uses this definition. Please add to the introduction.

1.2. A general point: the paper will benefit from linguistic revision, mainly of the abstract and background sections. Also, it could be written more succinct and to the point.

2. Methods

2.1. The COREQ guidelines were followed. Please add the COREQ checklist to the paper and supplement the manuscript with missing (sub) domains. See attachment.

2.2. Quite a heterogeneous set of respondents was included. Different professionals from different wards were interviewed. It is very interesting to have all these different perspectives in one qualitative paper, however further efforts should be made to more thoroughly integrate these perspectives, giving the analysis and paper more depth.
2.3. Since interviews were audio-recorded and transcribed: what was the function of the field notes? If these notes gave extra depth to the analysis, please clarify how they did.

2.4. What are probes? Do you mean probing questions?

2.5. A topic list was developed. How? Based upon which criteria, input, literature?

2.6. Please add the topic list. In this topic list, the example questions can be incorporated into it.

3. Findings

3.1. Ways to define and identify the palliative phase are well-established (there are multiple tools). Emphasize that this paper is about how definition and identification takes place in the respondents' practices.

3.2. Keep the numbering of the four themes clear. In the second paragraph, themes are numbered differently than is the case in the sessions in which they are presented.

3.3. I feel like the findings section is 'lumped together' too much, stays on the surface and could be better structured. I would encourage the authors to have another look at how to improve this.

3.3. In theme 2 (defining and identifying), the respondents' distinguishing between the 'acute' and the 'extended' palliative phase is made. Please come back to this point in the discussion: palliative care is still often linked to terminal care, whereas in fact it broader than the terminal phase.

3.4. "Some respondents feel identification of the palliative phase is only useful when it has a clear consequence, such as withdrawal of treatment." The question immediately popping up in my head: 'and how about the patient?'. Being able to have the benefits of palliative care in this example seems to be 'taken' from the patient. The usefulness of identification seems to be called into question by respondents. Could you elaborate on this?

3.5. There seems to be significant room for improvement for identification as well as multidisciplinary communication and collaboration. Please make this very clear in the discussion, and give directions on how to reach this.

* "They did not often mention primary care physicians as colleagues with whom they would discuss the patients care," GP's have an important role in care for palliative patients, and feel that communication between them and the hospital is a barrier in the care for these patients. (see Wichmann et al. BMC Family Practice 2018, please add reference)

* The responsibility of identification is not clear in the hospital setting, and nurses apparently have a good sense of recognizing palliative patients and are more accessible, but do not feel
responsible or are hesitant to 'sound the alarm bell'. A very important finding, as research showed the benefits of integrating palliative care services early in the course of disease (for example: Temel et al. Journal Clinical Oncology 2017).

3.6. "However, they questioned the prognostic accuracy.. " there are publications about the prognostic accuracy of identification tools like de Double Surprise Question, please add reference.

3.7. "Respondents said prognostication was easier in cancer patients". This finding is not new. Please refer to Claessen et al. BMC Family Practice 2013 and Wichmann et al. BMC Family Practice 2018.

3.8. "Respondents felt the palliative phase is poorly defined in their patients with dementia or frailty. However, they said that conversations about future care are needed early on… " Tilburgs et al (PloS ONE, 2018) wrote a review about this topic, please add reference.

3.9. After reading quote 1 on page 12 ("And you don't want … ") I was left wondering 'and how about the patient?' If there is more data regarding the impact of patient perspectives on this finding, please add them to give this finding more depth.

4. Discussion

4.1. Please also apply a clearer structure/numbering to the discussion of the themes.

4.2. Please repeat the WHO definition, and add the above proposed references throughout the discussion.

4.2. In the background section, it is mentioned that in order to improve identification within the hospital setting and to overcome existing barriers, we need to better understand what current practice of identification looks like, and what difficulties exist. Please dive deeper into the challenge of how health care professionals can adopt a more proactive stance in identifying palliative patients.

4.3. The model of Lynn et al. is brought forward in the discussion. However, I think the important point of "identification of the palliative phase will consequently occur late" can be elaborated on more, as it is a persistent issue. See point 3.3. and 3.4., too. Moreover, this finding was also reported by Horlait et al (2016, Support Care Cancer). Please add reference.

NB. As some important references seem to miss in the manuscript, I suggest to do another literature search and add references if needed.

4.4. "Physicians mainly focus on understanding diseases and their cures, nurses are trained in a more holistic approach." This is true, but the WHO definition (2002) as well as the Dutch quality
framework for palliative care nevertheless describe the four dimensions of palliative care which should be taken into account by all health care professionals. Please integrate this information when discussing this point. See points above about the definition of palliative care, and the importance of multidisciplinary and transmural (with GP's, see Wichmann et al.) collaboration and communication.

4.5. Please add a table with information about the researchers backgrounds (see COREQ checklist), see point 2.1. (Background about IF's background specifically, can be removed from the text.)

5. Conclusion

5.1. Interesting and vigorous. Please integrate the above if appropriate.

**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.

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.

Not relevant to this manuscript

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Please indicate the quality of language in the manuscript:

Needs some language corrections before being published

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