Reviewer's report

Title: Spiritual care at the end of life in the primary care setting: experiences from spiritual caregivers - a mixed methods study

Version: 0 Date: 28 May 2019

Reviewer: Philip Crowell

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The study has value as a critical first step for a follow-up study with referencing to nursing and GPs' understanding in terms of what they need to know, and how they would want Spiritual Health engagement. From the perspective of rigorous conceptualization notions of "secular spirituality" verses "religious spirituality" constantly need greater clarity. For example, the philosopher Charles Taylor in his massive work on secular identity, A Secular Age, clarifies the epistemic commitments and framework of secularity which overlap with spiritual values. The article cannot take full-on the details of this type of analysis but without detailed referencing to the philosophical commitments and the historical roots of spiritual care, the many hesitancies of healthcare professionals and their biases cannot be mitigated. Healthcare professionals may not be able to identify what they do not know about spiritual care along with their misconceptions, but extrapolating from the data what they do know is also critically significant for spiritual care research. The study is important as it is able to identify ways to increase the knowledge of nursing and GPs so that they more fully engage spiritual care resources. Also if Spiritual Health practitioners are viewed as having a religious bias in a secular society that needs to be identified and adjusted as suggested in the study. (The example and point about Islamic underrepresentation indicates a possible weakness in the study however there may be other ways to capture relevant information regarding how Islamic patients and providers connect to their form of spirituality in which Spiritual Care providers have a less direct contact but nonetheless, a vital point of contact.)

Regarding, the stream of secularization in Dutch society and the positioning of spiritual health practice in palliative care the study is clear in promoting a proactive approach of the practice in a variety of ways. The eight end-of-life topics discussed in the focus groups covers the basic and highly relevant terrain for spiritual care professionals, namely, 'life expectancy', 'complications', 'treatment options', 'hospital admissions', 'palliative sedation', 'preferred place of death', 'spiritual issues', and 'euthanasia'. How the angle and perspective is developed on these topic discussions can profoundly shape healthcare professionals understanding of spiritual care, especially, the concluding and climactic topic of 'euthanasia'. Given this latter topic in the context of palliative care it would be important in future studies to understand spiritual care approaches to euthanasia discussions as illustrative of the dialectical and dialogical nature of spiritual care.

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.

Yes

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?
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I am able to assess the statistics

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