Summary

Background:

In Shanghai, since 2012 the home-based end-of-life care service has been offered. However, this service has not been used frequently. This study aims to explore how home-based end-of-life care is being delivered (current status) and which factors are associated with its delivery (what are the difficulties in delivery?).

Methods:

A qualitative study was performed from nineteen interviews which were analyzed through qualitative content analysis.

Results:

Four themes emerged from the interviews: 1) characteristics of patients who received home-based end-of-life care; 2) structure of home-based end-of-life care; 3) process of home-based end-of life care; and 4) barriers/difficulties in delivering care.

Conclusion:

A limited amount of patients in Shanghai received home-based end-of-life care, despite the broad criteria to start providing this care. When provided, the focus of such care is mainly on addressing the physical problems instead of providing holistic care. Several issues should be addressed before the service can be further developed.
Major comments

- The research question exists out of two parts, the second part is about identifying factors associated with its delivery (page 2 line 4-5, page 3 line 17). To me, it is not entirely clear what the authors mean by that. Is it about examining the difficulties/barriers why home-based end-of-life care services in Shanghai is not delivered frequently? When looking at the four themes in the result section the final theme is "difficulties in delivering care" and as far as I know this is the part where the second research question is answered, so maybe the question needs a little bit more clarification.

- In the discussion section a lot of new information is provided which may be better off in the introduction sections. For example, in the first paragraph of the introduction, the authors state that many patients prefer to stay at home during their last months of life until death. Then they enumerate (page 2 line 33-39) how this is for several countries (sometimes they mention percentages sometimes not) except for China. In the discussion section (page 10 line 28-35) this information is provided.

- Can the authors explain why data collection ceased when no further centers could be approached within the researchers' capability instead of saturation? And what consequences does this have for the results and conclusion of this paper?

- The data were mainly coded by the first author and reviewed by the other three authors. Mainly implies that there was another coder, is that correct? Who? Can the authors please be so kind to explain why they did not use a second coder? What are the consequences of using this research method?

- Some sentences in the discussion section seem to lack evidence, for example line 28-31 page 11, and line 11-13 page 12, line 15 page 12, line 17 page 12.

- The limitation section seems to be limited to generalizability. I believe there are also some limitations in the research method as mentioned in my earlier comments.

Minor comments

- In the method section (page 3, line 38-39) a definition of end-of-life care has been given, namely when there was a life expectancy of 6 to 12 months. The reason why this is mentioned is because eligible informants were frontline health care providers of home-based end-of-life care, or those in charge of the end-of-life care in the community health care center. To me it is not clear who determined the life expectancy, and when this happened in the research process.

- Can the authors clarify how many community health centers there are in total who provide home-based end-of-life care, and in how many districts?
What do the authors mean by line 15-16 (page 4): "Three interviews were conducted with two informants, respectively."

Can the authors explain when follow-up telephone calls were made for clarification?

In line 26-27 (page 4) the authors are transparent about the fact that one informant gave oral consent and was interviewed without being recorded. To me it is not clear if field notes were made and if the interviewer was included in the study. Can the authors explain if this has consequences for the results?

In the paragraph "The management of the patients" (page 6 line 19-30) the authors explain that there are two ways of managing the services 1) inpatients = hospitalized at home, 2) another way, with the service being provided for free. Can the authors please be so kind to explain what that means? And each method has its own advantages and disadvantages. Can the authors explain which these are?

In the paragraph: "The outcomes of the patients" (page 6 line 32-36) the authors present that a proportion of the patients of whom the condition deteriorated were admitted into the hospice wards. I am wondering if the authors can tell a bit more about why patients were admitted instead of continuing home-based care?

I am not sure if I completely understand the following section: "In most centers, it was the physicians and nurses who would deliver the home-based end-of-life care. In some centers, the care was delivered by health care providers with a certificate in end-of-life care, regardless of whether they were from the general practice team or from the hospice care team of the centers. In the other centers, the care was provided by health care staff who might or might not have a certificate in end-of-life care (page 6 line 40-43, page 7 line 1). Which kind of health care providers? What are the exact differences between these 3 groups?

Page 7 line 21-22 the authors document that in one center free pain drugs were distributed. Could the authors please be so kind to explain how this was distributed in other centers?

In the section service duration (page 7) the authors state that patients received the service for a period of two weeks to three months. Do the others perhaps know how long before death the services were delivered?

On page 8 line 6 it is stated that the services consisted of multiple components e.g., giving psychological support. However on the same page in line 26-27 it is stated it was limited to chatting about daily matters. Could it be the case that the authors mean that when interviewees were asked which components the service had they mentioned psychological support but when interviewees were asked what they provided it was limited to chatting about daily matters?
Page 9 line 11-12, the authors state that informants could only provide limited interventions to deal with patient discomfort. A poor drug supply was a prominent obstacle. What are the other obstacles and is it common that there is poor drug supply? This poor drug supply is also mentioned on page 12 line 6-7.

A few typographical errors are made (page 2 line 42 countries, page 4 line 12 staff member with a Phd?, page 8 line 35 they refers to …?, page 10 line 15-16 this sentence is not fluent, page 11, line 23 the study = this/our study?, appendix service process ◊ care components ◊ must- do's? instead of must dos)

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?
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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