Author’s response to reviews

Title: End-of-life decision making by Austrian physicians - a cross-sectional study

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Author’s response to reviews:

Point-by-point response letter
End-of-life decision making by Austrian physicians – a cross-sectional study

Reviewer reports:
We would like to thank the reviewers for their thoughtful and insightful revisions to the manuscript.

Arunangshu Ghoshal (Reviewer 1):

The current legal scenario in Austria relevant to end of life care needs to be explicitly stated:
We have added an additional paragraph to the Background section, lines 70-82, pages 3-4).

Was any pilot survey done?

We did not conduct a pilot survey beforehand, but we piloted the individual questions that were added to the existing questionnaire that we used as a template. Please see the Methods section, lines 118-122, page 5).

Was the study registered anywhere?

We unfortunately missed the opportunity to pre-register the study.
Line 178: express>>>>expressed
Thank you for noticing that. We have corrected the word, see line 191 on page 11.
I find it very disturbing that in some cases it was not discussed with the patient. Please justify line.
We totally agree and have therefore added a paragraph to the Discussion section, lines 330-340, page 18.

Legal position can't be a grey area. Please make this clear.
Thank you for your input. We have added a paragraph to the Discussion section, lines 341-344, page 19.

line 254: Table for free texts?
We have added information on the collection of free-text answers to the Methods Section, lines 123-125, page 6. Please also see our comments in the Results section, lines 283-289, page 16.

I would like to see the datasets:
Since our manuscript has not yet been published, we would prefer not to share our data at this time. However, if you have a specific question that the data we collected would provide an answer to, we would be pleased to share our results. Furthermore, if you have specific questions that go beyond the scope of this manuscript, we would also be very glad to cooperate with you. Following publication, all datasets will be available from the corresponding author on reasonable request.

Very low response rate:
Unfortunately, we must agree with you, which is why we discuss this matter in the Strength and Limitations section, lines 393-396, page 21 and in the Conclusion section, lines 421-425, page 22. Generally, this subject tends to polarize opinions, which may explain some reluctance among physicians to share their views.

This weakness was also commented on by the second reviewer of our manuscript.

Have you compared the results with similar studies done in Western world?
Yes, we compared the results with similar western studies and in particular with Schildmann et al. (2014), as well as other European and U.S. studies. Please see the Reference section, references: 5,11, 18 – 24, 27-28 and the Discussion section, lines 306-324, pages 17-18, lines 349-351, page 19, lines 355-357, page 19, lines 367-371, page 20.

Nils Schneider (Reviewer 2):
The paper presents results of a first survey to explore the physicians' views concerning end of life decision making in Austria. On the background of the ongoing discourse on legal and ethical issues concerning withholding/drawing treatment in advanced life limiting illness in many countries the results are of interest for the international audience of BMC Palliative Care. The manuscript is well written however the work might benefit from some improvement.

Thank you very much for your encouraging comment.

My comments in detail:
The outline of the study design as described in the manuscript is consistent.

Thank you.
The introduction briefly draws on main discourse lines and research findings on the topic.
Thank you for your comment.

Like outlined in the methods section the survey instrument used is based on the German version of the European end-of-life decisions (EURELD) questionnaire, translated and used by Schildmann and colleagues in surveys among German physicians. Noteworthy, the instrument has been enhanced by the authors for the Austrian survey to overcome limitations stated in former research (e.g. not only asking for the religious affiliation but for also the meaning of religion for the interviewees, see e.g. Dahmen et al 2017, BMC Palliative Care (2017)16:3).

Thank you very much for your input.
The response rate is rather low (10%). This is a common phenomenon in many questionnaire studies in
physicians however 10% is actually a problem. To enlarge the data base, a second recruitment strategy has been developed by the authors making it impossible to calculate the total response rate exactly. We fully agree with you. The response rate remained low, even after we put extra effort into increasing the rate. This may be because the subject tends to polarize opinions and physicians are therefore reluctant to share their views.

All in all the given results of the survey provide a valuable description of end of life decision making strategies reported by the Austrian physicians taking part in the survey. The results of the bivariate (subgroup) analysis are noteworthy and discussed in the light of international research findings with special regard to comparable surveys among German physicians conducted by Schildmann and colleagues.

We would like to thank the reviewer for these comments.

Unfortunately, any further inferential statistical analysis is missing, such as bi- or multivariable logistic regression in order to exclude possible spurious correlation(s). I would recommend carrying out further analyses by logistic regression. Depending on the results a revision of discussion and the conclusions might be needed.

Thank you for your valuable suggestions. We decided that for the time being we would present only descriptive analyses, since we wanted to show the opinions and behaviors that were actually described by the physicians. We therefore reported responses to a large number of different items. Although we agree that the results may have been influenced by other variables, we decided at this point in our analysis that we would only provide unadjusted results. As the variables affecting each outcome may well have differed from one another, the presentation of adjusted results would have meant using different variables in each analysis. As it is not possible to know the variables for all outcomes and equally the outcomes for all variables, such analyses would, while claiming accuracy, have provided an incomplete picture of the truth.

Minor Points:
Abstract: Line 29/30: In the abstract it is outlined that the study "aimed to find out what decisions Austrian doctors make in real-life practice." Even if the respective items of the EURELD-questionnaire refer to the last deceased patient cared for by the physician, it is questionable whether questionnaires are a suitable method to explore "real life practice". Qualitative as well as quantitative interview studies explore the subjective perception and what people are saying or writing they actually do or experience (or did and experienced in the past). Thus in the abstract better use the wording used in line 75 to describe the main study aims briefly.

Thank you for your comment. We have now taken this wording and used it in the abstract. Please see the Abstract section, line 28, page 2.

Result section: Please better use "statistically significant" consistently where appropriate.
Thank you for the input. We have modified the relevant sentences in line 144, page 6, line 206, page 12, line 221, page 13, line 226, page 13, line 249, page 15, line 255, page 15, line 263, page 15, line 265, page 15, line 266, page 15, line 272, page 16, line 280, page 16, line 302, page 17, line 363, page 19, line 359, page 19, line 361, page 19, line 368, page 20.

Discussion section Line 304-306: While no comparison between different age groups are given, in the discussion section it is stated that: "Similar to other studies, our survey showed that PAS is regarded considerably more positively by young doctors than by older and more experienced physicians [5, 18, 19]." Thus, please outline the respective figures in the result section, too.

We have now added new paragraphs to the Results section that include the respective figures, lines 236-249, pages 14-15.