Author’s response to reviews

Title: The influence of spirituality on decision-making in palliative care outpatients: a crosssectional study

Authors:

Francisca Rego (mfrego@med.up.pt)
Florbela Gonçalves (99florbela@gmail.com)
Susana Moutinho (s.moutinho@yahoo.com)
Luísa Castro (luisa.castro@fc.up.pt)
Rui Nunes (ruinunes@med.up.pt)

Version: 1 Date: 11 Dec 2019

Author’s response to reviews:

Dear Editor and Reviewers,

Firstly, thank you very much for this opportunity and for all contributions to this paper.

The authors would like to thank Reviewer 1 and Reviewer 2 for their distinct commentaries and reviews.

Reviewer 2: Thank you very much for the enriching review of this article. We mostly appreciate all the comments, which will be taken into consideration.

Indeed, spirituality and culture are two related concepts that influence the patient’s perception of himself/herself, others and the world. Family, followed by Religion emerged as the most common concepts related to patients’ spirituality, which might be related to the cultural context of Portugal. Even though most patients were religious, many didn’t actively practice their religion. Family was indicated as best suited to give spiritual support, which may be related to the mediation of religiosity and cultural issues, as well as to the support and strength that emerge during this support (as stated by patients).

The decision-making process is a shared process between the patient, healthcare professional and family. And, to enable an ethical care, healthcare professionals need to identify the preferred role of patients in the decision-making process, having in mind their capacities and values. The way communication is established and the decision-making process enrolled will influence patient perception of the decision made, which is significantly related to patient wellbeing and quality of life. Therefore, the importance of understanding the decisional conflict perceived by the patient and his/her perspective of the whole decision-making process.
The term “patient personal perception of decisional conflict” is used according to the description of the Decisional Conflict Scale. This scale was developed using items derived from the decisional conflict construct: uncertainty and selected factors contributing to the uncertainty, and perceptions of effective decision making.

Considering the reviews presented, the aim was verified and changed into two more objective paragraphs, together with a specification of the construct being measured (decisional conflict).

Introduction, line 109, page 5: "In palliative care, patients face multiple and complex decisions that, together with the physical, psychosocial and spiritual distress that often accompany the life-threatening illness process, can lead to decisional conflict29,30 – a state of uncertainty about a specific course of action, feeling uninformed and unsupported, lack of clarity of personal values and beliefs and dissatisfaction with choice31,32 – and thus, influence patients’ end of life experience and wellbeing29. In this sense, this study aims to explore the influence of spirituality on healthcare decision-making in palliative care outpatients. Particularly by analysing patients’ personal perceptions of decisional conflict and the relationship to spiritual wellbeing and, by exploring patients’ perceptions of spirituality and autonomy in healthcare decision-making."

To note that this article was submitted to a native English editing service before submission to the BMC Palliative Care.

We hope to have answered accordingly, please contact if anything necessary.

Kind regards.