Reviewer’s report

Title: Diagnostic efficacy of double-balloon enteroscopy in patients with suspected isolated small bowel Crohn’s disease

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Reviewer: Philip Crowell

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I think this a valuable and thorough study of the relationship between spirituality and the dynamic which support patient's own sense of their well-being and what supports that. Patient's that have the resources of spiritual supports, typically in terms of family, make the adjustment to dealing with the new normal and are best assisted by deciphering their preferences moving forward. The study is most valuable in demonstrating that "older age with greater social support" correlated with better existential scores. The positive religious coping which promotes health and adaption to serious illness provides a positive spiritual support context. The fact that patient's views on spirituality and connectedness to spirituality were found to be in conjunction with family and their religious beliefs is significant and maybe not surprising. I would think, given the cultural context, that belief is highly defined by ceremony/ritual as practices that bring families into a nexus rather than credo is indicated in the study and is important. A significant clinical finding is that 'family' was best-suited to provide spiritual support followed by psychologists and doctors. Spiritual care, it is noteworthy, is not provided primarily by priests, chaplains or spiritual care professionals. Although given the context the latter may not be a significant factor but the give ethos of the culture the former might be expected but not seemingly relevant. As stated in the conclusion "most patients in this study were religious" but the religiosity was mediated by family.

The internal decisional conflict expressed in terms of uncertainty, indecision, delayed decision-making and especially questioning personal values, stood in contrast, to those who expressed a "sense of meaning in life" which correlated with spiritual well-being, and higher emotional, physical functioning and quality of life.

The aim of the study is stated and started on line 109. The general meaning of the statement, however, is not sufficiently clear. The "influence of spirituality on the perception of healthcare decision-making in palliative care patients by analysing the perception of decisional conflict...." This is part of an extremely long and difficult but important sentence. Editorial this English sentence could be parsed in a more explicit manner. The reader is likely to presume that this all about the patient's perception of the healthcare decision making in palliative care, which should probably be parsed differently because the decision making is not an individual effort but more likely a "shared" one in which the expert assessment of the medical team impacts the perception of the palliative patient and her/his family, and which in turn impacts the medical/palliative team. Plus the patient is likely to be engaged in the process of analysing their own "perception of decisional conflict...." The researchers are also doing this.

The article articulates clearly that the place of spirituality seems to be attentive to the decisional conflict and in dialectical fashion seeks to ameliorate the conflict by being attentive to the autonomy of the patient. The decisional conflict is internal and in tension with/to the patient's state of spiritual disease or possibly their spiritual resiliency. It would be valuable to be very explicit regarding 'whose'
perceptions such as the patient's perception and instead of saying "one's perception of spirituality." The patient's perception of decisional conflict is the phenomenon being analyzed and the precise "decisional conflict" is a result of uncertainty, lack of clarity, etc., not in the usual sense of medical ethics where the conflict is often between individual's values clashing with the team. Although there is often an element of differing nuances of prognostic judgment that may lead to "decisional conflict" in this study that is not the focus but certainly an important one that can spin off this study for further study.

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?
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Yes

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