Author’s response to reviews

Title: Thai medical students' attitudes regarding what constitutes a "good death": a multi-center study

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Author’s response to reviews:

Dear editor,

Thank you for reviewing my manuscript. The revision has been done according to your recommendations and I have answered you point-by-point with the following:

Reviewer reports:

Reviewer #1

ABSTRACT
1) Your abstract is logically inconsistent. You start of by talking about geriatric palliative care and 'older adults' wishes during their end-of-life period', but your conclusion no longer mention older people at all. It appears to me as if you are trying to achieve too many things in one manuscript. Would it possibly be of help to reconsider what the actual focus of your article is? From reading through it a number of times, I cannot but find that you are focusing on the general attitudes and believes of
medical students towards palliative and end-of-life care and not so much on the specifics of palliative care for the elderly. Maybe it would be sensible to then bracket specific mentioning of geriatric palliative care? If you wish to keep the concept in your manuscript, though, please be more specific in how geriatric palliative care has been the focus of your research project.

Ans. Thank you for your comment. I have revised the abstract that focused specifically on geriatric palliative care.

BACKGROUND

Line 6: "has become a global problem". Difficult wording; I would urge you to reconsider 'problem' - maybe 'public health challenge', 'important task'?
Ans. I have edited the sentence as your suggestion.

Line 16-20: Is it really only because of those illnesses that elderly patients become more dependent? I don't think so. Please put this sentence in context with geriatric care models.
Ans. Thank you for your comment. I have added more details regarding geriatric care models as your suggestion as “Geriatric palliative care is more complicated than adult palliative care because the nature and duration of their chronic illness differs from those illnesses from which younger patients suffer. Geriatric palliative care involves not only treating principal disease process but also managing several chronic medical comorbidities and geriatric syndromes such as delirium and frailty. Moreover, a significant proportion of palliative care in older people occurred in patients with advance stage non-cancerous illnesses; the unpredictable nature of their prognosis lead to difficulty in establishing goal of care. Furthermore, caregivers’ needs for older people differ to those of the caregivers of the younger patients, partly from having more symptoms requiring adequate controlling among older patients”

At this point, I realise that the laid out of your submitted manuscript does not allow for line-referencing because the line numbers are running faster than the actual text. Please correct this in your re-submission.
Ans. Thank you for your comment. The line numbers were automatically created by the submission system

"Geriatric palliative care is more complicated than adult palliative care because the nature and duration of their chronic illness differ from those illnesses from which younger patients suffer." Please reference this. For an example: https://bmcgeriatr.biomedcentral.com/articles/10.1186/1471-2318-10-66
Ans. I have added this reference as your recommendation.

"genuine "good death"" - The whole concept of 'good death' is very contested at present. Please explain precisely what your understanding and definition of 'good death' is. This will be very important for your discussion section later on. Please see here for details and reference: https://www.researchgate.net/publication/326838328_The_Nakedness_Of_The_Dead_Body_The_Meaning_Of_Death_To_Healthcare_Professionals_Working_With_The_Dying
Ans. I have added more information as your suggestion and cited the recommended reference as “Previous review showed that the major concerns included pain and symptom management, preparation of death, achieving a sense of completion, decisions about treatment preferences and being treated as a “whole person”.

Your section on medical students is well-written. You might want to consider a bit more depth in depicting what evidence already exists. See for example here:
Ans. I have added more details as your recommendation in the discussion part (the 4th paragraph) as “For example, palliative care is implemented as a mandatory cross-disciplinary subject at the Medical Faculty of the Heinrich-Heine-University Düsseldorf, Germany. They have a variety of teaching programs for palliative care educator such as video, e-learning module, interprofessional education, group sessions for reflective self-development. The results of this process were favorably valued by medical students, participating patients and their families”.

METHODS
- Please report your study according to the STROBE guidelines (www.equator-network.org). You will need to add this to the introduction of the methods section and you will need to provide an attachment with a table overview of the STROBE structure and how you applied all reporting items to your manuscript.

Ans. I have reported this study according to the STROBE guidelines as your suggestion in the last line of the instrument section. I have added a table overview of STROBE structure as supporting information file attached.

- Instrument: I think that this is the weakest point of your manuscript. There exist a number of validated instrument for your research question, but you chose to develop your own instrument. That is absolutely permissible, but it would be desirable to hear more about how exactly you developed the questionnaire, how your validation strategy was, whether you piloted it or not etc. This part of your manuscript needs much more strength, but I am confident that you will be able to provide this information. You might wish to refer to the following publication for guidance:

- https://bmcpalliatcare.biomedcentral.com/articles/10.1186/s12904-017-0263-3

Ans. Thank you for your comment. I have added more information regarding developing of the instrument as followed: The questionnaire was developed based on a literature review of desired element of a “good death”. The details of the questionnaire's development were described in previous study.[16] In brief, the questionnaire was developed based on literature review of studies from Eastern and Western countries. Items selection and modification was conducted aimed to achieve the questions compatible with local culture. During the process of planning for the current study, the questionnaire was distributed to authors in the present study to review the content whether this would be suitable for culture and practice in Thailand. Authors in original study [16] and present studies comprise several geriatricians and multidiscipline team in the area of palliative care in Thailand.

Furthermore, the questionnaire used in this study was used to evaluate the perception of Thai older person, physicians and medical students regarding end-of-life care and one of them was previously published (Srinonprasert V, Kajornkijaroen A, Bangchang PN, et al. A survey of opinions regarding wishes toward the end-of-life among Thai elderly. J Med Assoc Thai 2014; 97 Suppl 3: S216-222), we also intended to compare the results of this survey with the results of Srinonprasert, et al. in order to evaluate the changes of palliative care concept in Thai elderly among those groups. Therefore, this survey chose to use the questionnaire of Srinonprasert, et al.
DISCUSSION
- "The results of this survey reflect the perspectives of Thai medical students regarding palliative care."
This is an overly broad statement and you should be careful about over generalisation. I do not think that your study fulfills the requirements for a representative sample. If it does, please provide the relevant evidence for it.
Ans. I have revised the sentence as “The results of this survey reflect some perspectives of Thai medical students regarding palliative care in the central and northeast regions of Thailand”.

- "This is a point of view that contrasts with traditional Chinese, Japanese, and Korean practices," I think you are making a very interesting and highly important sociological observation here and this needs to be strengthened. It would be very helpful and interesting to readers to see, for an example, a table comparing those different values and cultural norms. This might then be contrasted by other discourse work on the topic such as:

Ans. Thank you for your comments. I have added more details about traditional beliefs regarding autonomy issue of Chinese, Japanese and Korean as “For example, the perspective view of Chinese culture about death and dying are taboo issues that are inappropriate for open discussion and family seems to be a basic social component for making decision about care plan. Japanese traditional concepts of death signify about unawareness of death. Good death in their view is living as usual without the feeling of facing impending death. Korean-American also more favored a family-centered model for medical decision making than the patient autonomy which commonly found in African-American and European-American. The findings from the present also corresponded to those of a previous study that examined the end-of-life preferences among elderly Thai residents who preferred to be informed of prognosis and be involved in making decision”.

- "To our knowledge, there has been little research conducted about Thai medical students’ beliefs as to what constitutes a "good death." This is a very important statement and sentence and it comes much too late in your manuscript. I feel that this would be a way of starting your introduction and focusing on it throughout your manuscript. This is interesting!
Ans. Thank you. I have moved this sentence to the introduction part as your suggestion and add some more detail.

- Your limitations section needs further development. You have a response rate of 34%. How do you specifically explain this in your context? What inherent biases might be involved? How did you control for bias?
Ans. Thank you. I have added your suggestion and more discussion in the limitation part as followed: This study had several limitations. First, although the number of participants was high, but a response rate was 34% and conducted in 2 regions out of 5 in Thailand. These results might not be generalizable to all medical students in Thailand, as palliative care curricula might be integrated in different ways in various institutes. Nevertheless, these 2 university hospitals have established palliative care service and education for more than 10 years, the feature of low confident regarding palliative care among students in the study is even more concerning for the whole country. Secondly, the study about wishes of Thai older adults was conducted only in Bangkok. The regional/cultural backgrounds of participants could also affect their preferences. Further studies should be conducted in other parts of Thailand and directly compare the attitudes of medical students or other healthcare professionals with those of older adults. Such research would aid in the development of better care strategies and facilitate patients' ability to have a "good death." Lastly, the questionnaire was developed in a context of Buddhist culture in
Thailand. Therefore, application the results in other religions might be limited. Additional research about opinions regarding wishes at the end-of-life care from Muslim and Christian aspects in the Thai context and other countries are required.

CONCLUSIONS
- "The results from this study could be used to help improve undergraduate curricula by focusing more on elderly patients at the end of life." This is quite a leap from the data and discussion before. Why the focus on elderly patients? Did you specifically examine the views on geriatric palliative care? Please refer to my earlier comments and try to identify the main focus of your research project before revising it.

Ans. Thank you again for your comment. I have added more information about the differences of the concepts of geriatric palliative care from adult palliative care in the introduction as your earlier suggestion as “Geriatric palliative care involves not only treating principal disease process but also managing several chronic medical comorbidities and geriatric syndromes such as delirium and frailty. Moreover, a significant proportion of palliative care in older people occurred in patients with advance stage non-cancerous illnesses; the unpredictable nature of their prognosis lead to difficulty in establishing goal of care. Furthermore, caregivers’ needs for older people differ to those of the caregivers of the younger patients, partly from having more symptoms requiring adequate controlling among older patients”.

Moreover, I have also added more discussion regarding improving curricula as followed: The results from this study could be used to help improve undergraduate curricula by focusing more issues on palliative care for older patients by promotion of communication skills, the implementation of geriatric palliative care as a mandatory training, using standardized patient in the study modules, and the development of a formal evaluation process in real clinical practice in order to contributing to a more efficient therapeutic practice of these future physicians. Further researches regarding direct comparison of the attitudes between medical students and those of older adults, and opinions about wishes in the context of other religions in the Thai context would benefit for improving students’ performance.

Reviewer #2
This is a very well designed and well-written study of an important topic for medical education. I read it with interest and found it largely sound. I was bothered a bit by some minor mechanical (writing) errors and copy-edited the manuscript (partially - attached). The section on IRB review needed to be reorganized.

Ans. Thank you for your comments. I have edited some mechanical errors as your suggestion and reorganized the IRB review part as “Approval of research protocol from Siriraj hospital and the Khon Kaen University Institutional Review Board were obtained (reference number Si 621/2017 and HE 601309, respectively). The Khon Kaen University Ethics Committee determined that the project could be exempted for review since it was relevant to type of research according to KKU’s announcement no. 1877/2559 that involved survey procedures, interview procedures or observation of public behavior. The requirement for informed consent was, thus, waived at Khon Kaen University. The Siriraj Institutional Review Board considered this study as an expedited category and has approved for the final protocol where participants were informed of the study but written consents were not required at Siriraj hospital.”.
My general recommendation is that you make more of the data you have in your discussion. Your demographic data is rich: the distribution of students over the 6 years of medical school, majority being Buddhist, experience with dying and caring for the dying - all of this contributes to the responses. More could be said about that.

Ans. Thank you for your recommendation. I have discussed more regarding demographic data as “The possible reasons of low self-rated as being knowledgeable about palliative and end-of-life care in this study were the majority of them had no experience in living with an older person, caring for someone at the end of life period, and most of them were in the first- to fourth-year of training where experience in real clinical practice is less than the fifth-and sixth-year medical students”.

For the general audience, some mention of the beliefs (or range of beliefs) surrounding death and dying for Buddhists would help the non-Buddhist reader.

Ans. I have added more details in the introduction part as “There is a lack of evidence whether how the traditional Buddhist’ beliefs in Thailand influence the perception of medical students regarding this issue or not. The examples of dying belief in Thailand are family members have to pay back a “debt of life” to their elders by providing high-tech hospital care even the elders come to the terminal stage of their conditions, elders should not know about the full truth about their illnesses as it can hurt their heart power and cause their conditions getting worse, and home is the ethical location of death in their views.”.

I would also have appreciated more discussion of the findings from the survey questions. The data is good - what more can we learn from it? The desire for spiritual needs to be met is very strong (83%) - the top scorer. What does this include? What does it require from physicians? What of other findings?

Ans. I have added more discussion regarding the desire for spiritual needs to be met in the discussion part as “…In this study, it appears that the majority of respondents believed that older patients concern about all domains involved in comprehensive palliative assessment including their physical and psychological needs, autonomy, and closure of life affairs. Interestingly, they placed the highest rank of their focus on the desire for spiritual needs to be met and to be surrounded by their love ones. It is also noteworthy that other questions regarding spiritual needs such as surrounded by love ones, wish to prepare for the death [19] were also rated by high proportion of respondents. There has been limited studies focusing on medical students’ view regarding spiritual needs for end of life patients. The finding implies that medical students signify the importance of spiritual needs and psychosocial health which should be emphasized and sustained through the training curriculum for medical students. Another interesting finding was the high proportion of medical students addressed the important of having patients involved in their decision making”. More discussion regarding this finding also added. Furthermore, I have also made some adjustments in some paragraph as highlighted.

The conclusion section is too brief. Please set these findings in context - who are the respondents vs the range of patients? What instruction would you recommend, and where might it go in the medical curriculum? What future research would add to understanding of what contributes to a good death for patient in Thailand, and what do physicians need to know and be able to do to make a good death possible for all Thai people.

Ans. I have added more information as you recommended as “The results from this study could be used to help improve undergraduate curricula by focusing more on elderly patients at the end of life such as promotion of communication skills, the implementation of geriatric palliative care as a mandatory training, better supervision and support from the senior staff, and the development of a formal evaluation process in real clinical practice in order to contributing to a more efficient therapeutic practice of these future physicians. Further researches regarding direct comparison of the attitudes between medical students and those of older adults, and opinions about wishes in the context of other
religions in the Thai context would benefit for better understanding of what contributes to a good death for older patients in Thailand are required”.

With these kinds of additions to the discussion and conclusion, I think this paper will be interesting to many medical educators worldwide. It is in very good shape overall, but does need copy-editing.

Thanks for the opportunity to review it!
Ans. Thank you again for your comments.

Additional formatting changes have been made and highlighted following suggestions