Reviewer's report

Title: Advance directives in France: Do junior General practitioners want to improve their implementation and usage? A nationwide survey

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Reviewer: Colleen Cartwright

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Review for BMC Medical Ethics, M No METH-D-18-00069
Advance Directives: Do young GPs want to improve their implementation and usage? A nationwide questionnaire

Overall: This is an interesting paper that shows a reasonably positive attitude to Advance Directives among young GPs but it requires a major revision. Before the paper can be published there are a number of issues that should be attended to:

1. The paper requires a thorough English-language edit; the misuse of some words in the text made it difficult to understand precisely what it was that the authors were saying; e.g., (note: the pages were not numbered so I have ascribed numbers to assist with this review, starting from the cover page as p1) on p4, line 5: what does the word "affections" mean? P4, line 9: what does "obstinacy" mean in this context? Obstinacy by whom? About what? P5 line 26: "make" should be "require". There are many other examples throughout the paper.

2. To assist readers to understand the points made in this paper it is necessary to know what the legal system in France is; a brief outline of the law relating to Advance Care Planning is required, including the title of the legislation that was passed in 2005. For example, are Advance Directives legally binding on medical practitioners in France? If so, under what conditions? What are the circumstances under which a medical practitioner can choose not follow an Advance Directive? Are there penalties for medical practitioners who do not follow the Advance Directive other than as above? Do Advance Directives only have authority once the patient has lost capacity? What is the role of substitute decision-makers?

3. Abstract P3: in the Results section here and at the beginning of the Results section in the main text, the response rate of 21.1% should be stated. The reader should not need to go to the Limitations section of the Discussion to find this. Although the response rate is very low, this need not necessarily preclude the paper from publication, but it needs to be acknowledged "up front".

4. Methods: I note that the on-line survey remained open for 14 months; this is a very long time for a survey to remain open. Presumably this was because of the low response rate and a hope to
improve that. Were reminders sent out? If so, how many? Were any other actions undertaken to try to improve the response rate? (e.g., an editorial or comment in a journal or College newsletter relevant to the intended target group?).

There is very little information about the actual questions that were asked or the possible response options for each question. This causes confusion in reporting the results - see below.

5. Results:

a. Population:

(i) What was the estimated denominator for the total population?

(ii) It is stated that 74.4% of respondents were female: what was the proportion of female:male GPRs in France at the time? In the discussion the authors say that the "sex ratio (was) close to that of the total population" (presumably the population of GPRs?); if this is correct, that is a surprisingly high figure. It would be of assistance to the reader to know what the actual sex ratio of GPRs in France is.

b. AD potential use: given the very small percentage who "would systematically take AD into account", again we need to know, what is the law with respect to this?

6. (Results, cont.): The summary on p8 and Figure 5 do not reflect the text provided in the Results to this point. For example, in the text (p7, line 22) we are told that only 17.9% of the respondents who said that they would inform their patients about AD would "systematically" take the AD into account. Now we are told that 71.8% of the total population would "systematically or most often" do so. As noted above in relation to Methods, readers need to know the questions that were asked, the responses available and, at the very least, in the Results we need to know what the percentage was for each response option (at least, if this is going to be included in the discussion and in the Figures). In addition, Figure 4 (which supposedly provides graphic evidence of responses to this question) is not only incomplete in relation to percentages missing from the segments but there are only 4 segments instead of 5, which makes it completely useless.

Again, on p7, line 24, we are told that "59.7% of GPR … would spontaneously transmit" the patient's AD to hospital with them. Then in the summary statement on p8, line 5 we are told that 99.1% of GPR who would "systematically or most often" take the AD into account would transmit the AD to the hospital but in Figure 5 we are now told that 71.4% of the total population would transmit the AD to the hospital. So is the correct figure 59.7% or is it 71.4%?

Some of these problems could potentially be overcome if all of the questions asked (or at least those reported in this paper) with all response options, were presented in the Methods and then, in the Results, the percentages for each option were given.
The summary statement on p8 also provides new Results which have not appeared in the previous text, i.e., that "65.4% of the total population would include such AD in a collegial reflection about withdraw or withhold decision." Apart from the fact that this statement belongs in the main part of the Results, not in the summary statement, again we do not know what the response options were: e.g., were the response options "Always/Sometimes/Never"? Were they only Yes/No? If the former what does 65.4% represent (i.e., a combination of Always and Sometimes?).

7. Discussion: the final sentence in the Discussion, which says "that directives are less an official form than a reflection process involving the physician-patient relationship" uses as a reference for this statement a paper from 2002!! In many countries where Advance Care Planning is part of "the physician-patient relationship", it is also covered by legislation that confirms patient-centred care and the binding nature of Advance Directives. Without an understanding of the legislation in France, the reader has no way of judging whether or not that final sentence is valid.

**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.

No

**Does the work include the necessary controls?**
If not, please specify which controls are required in your comments to the authors.

Unable to assess

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No

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