Reviewer's report

Title: Specialist palliative care support is associated with improved pain relief at home during the last 3 months of life in patients with advanced disease: analysis of 5-year data from the national survey of bereaved people (VOICES)

Version: 1 Date: 12 Nov 2018

Reviewer: Katherine Sleeman

Reviewer's report:

Thanks for making changes to the document, it does read much better now. There remain some points that I think need to be clarified in the manuscript.

1. The aim was to identify factors associated with good pain relief in the final 3 months of life. The narrative thread remains disjointed, with too much emphasis given to the finding that people with cancer receive more palliative care - even though this was not the aim or main analysis. ie, see abstract, first para of discussion.

2. I remain confused about removing from the analysis the people who did not report any pain in the final 3 months of life (line 130). Are these people the same ones as 'does not apply - he/she did not have any pain in the last 3 months of life' (line 160)? In which case, why does the method say these people are excluded twice? This needs to be clarified in the paper. As it is currently written, 'decedent who did not have any pain at home in the last three months of life' (line 130) could either indicate never had any pain, or received good pain relief in last 3 months of life - the latter clearly is relevant to your aim (in which case a sensitivity analysis would be useful, as per my original comment). If the former, then no need to exclude these patients again in line 160.

3. Line 125: "We were specifically interested in the factors associated with good pain relief at home..." - please explain in the paper that this is because VOICES does not include information about palliative care in settings other than home, as you have in your response.

4. Line 287-289: "Conversely, spouses and partners are more likely to be older and have potentially different (lower) expectations of healthcare services and interventions than younger sons and daughters resulting in inflated views of outcomes. These findings have important implications for clinical practice." - very unclear what the important implications for clinical practice are. Suggest remove this sentence, or make the important implications clearer.

5. Table 4. I appreciate that residual confounding likely to lead to the swings in direction for ORs from uni to MV analysis. Would be useful to acknowledge this in discussion.
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Yes

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