Reviewer’s report

Title: Early Integrated Palliative Care in Chronic Heart Failure and Chronic Obstructive Pulmonary Disease: protocol of a feasibility before-after intervention study.

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Reviewer: Lukas Radbruch

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The authors present a study protocol for early integration of palliative care in patients with chronic heart failure or chronic obstructive lung disease. The study uses a before-after methodology, assessing a control group of patients first, then training staff members from the internal medicine wards in the palliative care intervention and then recruiting the intervention group. The intervention is focussed on advance care planning, but the authors assume that talking about patient preferences for advance care planning will also raise the sensitivity of staff members for patient needs and result in better quality of life. Assessment is planned with two well-known validated questionnaires (POS and CanHelpLite) and a selfmade questionnaire that has not yet been validated. Assessment will be performed at the time of admission in the study and after three months.

The study protocol as described seems feasible and well crafted. It is a pity though that the authors are using a before-after design and not a randomized trial setting. As they are using different wards, cluster randomization of the wards would also have been possible. As it is, the non-randomized study design should at least be mentioned as a serious limitation in the discussion.

I do have some doubts whether this is really a study on a palliative care intervention, or rather on advance care planning. The authors argue that advance care planning leads to the provision of palliative care, but this might not happen. There is no information, whether (and if: how much) palliative care training the staff members of the participating wards are getting, and there is no information about access to specialist palliative care, both for control and intervention groups. All this needs to be explained in more detail.

The sample size is reported as 50 patients and 50 informal caregivers, but I did not find information whether this is for the intervention phase (with a matched sample for the control group) or for both recruitment periods (control and intervention) together.

The attrition rate of 30% seems rather optimistic, considering the sample of patients with serious illnesses and that the follow-up assessment after three months will be done by mail. I would think that the attrition rate is much larger.

the whole study is planned for 24 months. Recruitment phases are calculated eight months each. Again, this might be too optimistic.
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