Reviewer's report

**Title:** Paediatric palliative home care by general paediatricians: a multimethod study on perceived barriers and incentives

**Version:** 3  **Date:** 9 February 2010

**Reviewer:** Nils Schneider

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Overall comments

The manuscript gives interesting insights into the situation of palliative care for children within the German health care system. The work is also relevant for an international readership and contributes to a wider scope of innovative models of paediatric palliative care delivery.

The aim of the study was to examine barriers, incentives, and the professional self-image of general paediatricians regarding paediatric palliative care in Germany. General paediatricians who participated in quality circles were invited to answer a questionnaire which had been developed on the basis of a qualitative pilot study. The results are descriptively presented and discussed in consideration of the international literature.

Overall, the research question is clear and the methods are appropriate, but they are not always well enough described (please see below). The data seem to be sound. The discussion and conclusions are balanced although some further aspects might be considered. My comments in detail:

- **Major Compulsory Revisions**

**BACKGROUND**

1. The authors state that “In the German health care system primary care for children usually is not provided by general practitioners but by paediatric specialists”. This statement is misleading. In Germany, primary care for children is delivered by both groups general practitioners AND paediatric specialists. Generally patients and the parents have the free choice of medical practitioners. The usage of GP’S or paediatric specialist services usually depends on different factors, e.g. social-demographics, patient preferences and availability of services. References concerning the delivery of medical for children concerning age groups, home visits and emergency calls are provided, e.g., by the German Medical Association [http://www.baek.de/downloads/110GoesmannFolien.pdf]

2. The authors mention the development of the network for integrative paediatric palliative home care in the German federal state of North Rhine-Westphalia. The network and the pilot projects should be further described as they seem to be relevant for the understanding of the study.
METHODS

3. In the first step, semi-structured interviews with five paediatricians were conducted. It would be helpful to get information about the instrument that was used (interview guide? topics?) and about the selection criteria of the participants.

4. The authors state that they used qualitative content analysis in the first step of their study. I would appreciate if they describe the analytic process in more detail. In qualitative research it is often helpful to comprehensively inform the reader about the different analytic steps. In this context, I do not fully understand how the categories (page 6) and the research questions (page 4) were developed on the basis of the expert interviews and the literature search. Were they developed deductively from the literature and then discussed with the experts? What was the actual impact of the expert interviews on the development of the research questions?

5. The survey was performed during regional quality circles. Therefore, only paediatric specialists who attended the quality circles were invited to participate. This is a convenience sample which, in general, is appropriate with regard to the explorative approach of the study. However, there is some lack of clarity. What were the criteria for the selection of the 16 regional districts? What was the thematic focus of the quality circles? What was the underlying definition for rural and urban areas? What was the basis for defining the aim to reach a sample of n=300? It is likely that this convenience sample has caused relevant bias and there is great difficulty in generalizing the results. Therefore, the author may want to reconsider if some of the conclusions should be weakened.

RESULTS

6. The authors should provide quotes to illustrate the results of the qualitative exploration and to enhance rigour (page 6).

DISCUSSION

7. Overall, the discussion is well balanced and the results are reflected appropriately in consideration of the literature. However, the text is somewhat long-winded and the structure is not optimal. It may be useful to divide it into sections with significant subheadings.

8. Furthermore, in the discussion the authors should reflect more critically the question if within the field of paediatric palliative findings and experiences care from other countries and with different health care systems can be translated to Germany. For example, as already mentioned above, the delivery of paediatric home care by GPs AND paediatric specialists in Germany is an important issue that should be considered in the interpretation and discussion of the findings. The manuscript picks up relevant aspects for health services research with are worth to be considered in-depth.

- Minor Essential Revisions

ABSTRACT

9. I would appreciate if the authors revise some parts of the abstract regarding
the comments on the main text.

RESULTS
10. I would appreciate if the authors reconsider Figures 1 and 2. I think they are not self-explanatory (categories summarized?).

DISCUSSION
11. The authors state that the experiences during the survey and the high commitment indicate that the issue is of high significance for paediatricians in general practice. What experiences are referred to? Furthermore, I think that the convenience sample and the resulting selection bias may weaken the conclusions concerning the high commitment.
12. Page 10: The authors report on field observation. This methodical approach has not been mentioned before and needs to be clarified.
13. Page 13: Could you provide a reference for the statement “… a much longer duration compared to the care for adults (on average 90 days in the home care setting)?
14. Page 14, 2nd paragraph: “Some additional comments” – could you specify these comments?

CONCLUSIONS
15. What does the term “local health care” mean? The German health care system? Or the regional structure of services?

- Discretionary Revisions
16. COMPETING INTERESTS
The authors state that they have no competing interests. To my knowledge, some of them have been significantly involved in the establishment of paediatric palliative care teams in North Rhine-Westphalia. In the conclusions the authors claim for a local network of specialist support. From my point of view it would be appropriate to inform the readers about possible relationships of research, policy and practice, bearing in mind that conflicts of interest may not only be due to financial dependencies but also to intellectual and social reasons. To avoid misunderstandings: Conflicts of interest are often unavoidable, both in the academic sphere and in clinical practice. There is nothing dishonourable about this. However, it is important to make these issues transparent regarding the Uniform requirements for manuscripts submitted to biomedical journals [www.ICMJE.org].

What next?
Revisions recommended.

Level of interest
An article of importance in its field.

Quality of written English
It seems OK with me. However, as I am not a native speaker, I don`t feel
competent enough to review the language in detail.

Statistical review
No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests
I declare that I have no competing interests.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**
I declare that I have no competing interests