

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	The impact of COVID-19 on care at the end of life during the first months of the pandemic from the perspective of healthcare professionals from different settings; a qualitative interview study (the CO-LIVE study)
AUTHORS	Zee, Masha; Bagchus, Lotje; Becqué, Yvonne; Witkamp, Erica; van der Heide, Agnes; van Lent, Liza; Goossensen, Anne; Korfage, Ida; Onwuteaka-Philipsen, Bregje; Pasman, H. Roeline

VERSION 1 – REVIEW

REVIEWER	Tsunoda, Koichi National Hospital Organisation Tokyo Medical Center
REVIEW RETURNED	02-May-2022

GENERAL COMMENTS	<p>The manuscript is well written and curious study regarding the quality of palliative care at end of life related to current COVID-19 pandemic.</p> <p>-The author should make the manuscript shorter and more concise overall. The message to be conveyed should be a bit more focused and why this study should be reported and its impact outcomes.</p> <p>-Introduction section should explain the background to the report or study, its aims, a summary of the existing literature.</p> <p>-Results section should be summarized a description of symptoms and signs, treatment or intervention, outcomes and any other significant details. The author should state the results more concisely, as they are too long and the reader is not motivated to read them all. The tables were complicated, would you mind sum up those.</p> <p>-Discussion and Conclusions section should discuss the relevant existing literature and should state clearly the main conclusions, including an explanation of their relevance or importance to the field. Also, the Discussion should be made more concise.</p> <p>-Please refer to the following recent related papers. Do hospital visit restrictions cause increase in the doses of morphine in terminal care?-Spiritual pain and palliative care in the COVID-19 pandemic. Am J Med. 2022 Apr 24:S0002-9343(22)00339-4. doi: 10.1016/j.amjmed.2022.04.011.</p> <p>-Please correct for proper English.</p>
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REVIEWER	Wind, Gitte University College Copenhagen, Department of Nursing and Nutrition
REVIEW RETURNED	04-Nov-2022

GENERAL COMMENTS	<p>Abstract: The three themes presented in the abstract do not correspond with the four (or is it five?) themes presented in the result section. Furthermore the objective of the study is to better understand how the COVID-19 outbreak impacted the different domains of the palliative care approach to end-of-life care. It is unclear which domain(s) the third theme presented in the abstract belongs to.</p> <p>Research question: In the introduction I miss a more in-depth review of what is already known about the impact of the Covid-19 pandemic and how the research question is likely to shed new light on what is already known. Furthermore it should be stated clearly that the study is about the first wave of the COVID-19 pandemic.</p> <p>Methods:</p> <p>Recruitment: Participants were recruited through an online survey but it is unclear whether the survey was national and to whom it was (not) sent.</p> <p>Analysis: The analysis is based on a phenomenological approach but it is unclear what the authors mean by that and how it guided the study. It is also unclear what is meant by: "Themes and corresponding codes were continuously compared, discussed and categorized".</p> <p>Ethics: The authors state that the audio files have been deleted but they don't write anything about the management of the transcripts and whether they have been following GDPR rules.</p> <p>References: the references could be updated with more publications from 2022.</p> <p>Results: It is unclear how many themes the authors are presenting. The citation boxes and the head lines suggest five themes: Exceptional situation; New disease – Lack of knowledge to manage symptoms; High workload – Lack of time and staff for good end-of-life care; Contagiousness – Preventative measures hampered good end-of-life care; Positive effects of the exceptional situation for the long term. But the first citation box is not presented as a theme and it is unclear whether it is related to a domain or not.</p> <p>Furthermore, the presentation of quotes in boxes (in stead of integrated in the text) is confusing and makes it more difficult to understand the results. Also, some of the quotes could belong to more of the themes which - together with the confusion of how many themes are presented - suggest that the analysis could benefit from one more go.</p> <p>Discussion: I find the discussion rather superficial. It primarily repeats the results and only address how the results support earlier studies. I miss a more thorough discussion of how this study elaborate on or challenge earlier studies. Furthermore, the strength and limitation section is placed in the middle of the discussion which is disturbing.</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer 1, Koichi Tsunoda	
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1	The manuscript is well written and curious study regarding the quality of palliative care at end of life related to current COVID-19 pandemic.	
2	<p>General</p> <p>The author should make the manuscript shorter and more concise overall. The message to be conveyed should be a bit more focused and why this study should be reported and its impact outcomes.</p>	<p>We critically looked at the text and deleted text where we could to make the manuscript more concise. See also point 6.</p> <p>To make the message of this study more focused and emphasize its relevance, we rewrote the discussion, focusing more on the dimensions of care.</p>
3	Please correct for proper English.	We thoroughly examined the text for language errors.
6	The author should state the results more concisely, as they are too long and the reader is not motivated to read them all.	We made the results section shorter, not only in the text, but also in the boxes with the quotes.
7	The tables were complicated, would you mind sum up	<p>We agree that the boxes with the quotes are extensive and therefore could be difficult to read.</p> <p>We revised the boxes with the quotes by removing some quotes and shorten others to improve readability.</p>
9	The Discussion should be made more concise.	We removed parts of the discussion to make it more concise, focusing more on the dimensions of care.
10	<p>Please refer to the following recent related papers.</p> <p>Do hospital visit restrictions cause increase in the doses of morphine in terminal care?-Spiritual pain and palliative care in the COVID-19 pandemic. Am J Med. 2022 Apr</p>	After reading this very interesting paper, we unfortunately did not see how we can relate the findings to our study, since the outcome of the paper of Kudo et al. is very much focused on the patient and medical outcomes, where our manuscript describes experiences of healthcare professionals with end-of-life care.

	24:S0002-9343(22)00339-4. doi: 10.1016/j.amjmed.2022.04.011.	
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	Reviewer 2, Gitte Wind	
1	<p>Abstract</p> <p>The three themes presented in the abstract do not correspond with the four (or is it five?) themes presented in the result section.</p>	<p>We understand the confusion about the number of themes in the abstract and results. We included 'positive long-term impact' as theme, so that there are now not 3 but 4 themes in our results.</p> <p>We also made the first paragraph of the results about the exceptional situation more concise and decided to not use quotes in this paragraph, to make clear that this is not a separate theme, but an introduction to the four themes.</p>
2	<p>Furthermore the objective of the study is to better understand how the COVID-19 outbreak impacted the different domains of the palliative care approach to end-of-life care. It is unclear which domain(s) the third theme presented in the abstract belongs to.</p>	<p>In the section of the third theme (contagiousness), we now elaborated on what the preventive measures meant for the different domains of care and tried to emphasize that different measures had impact on different dimensions in different ways.</p>
3	<p>Introduction</p> <p>In the introduction I miss a more in-depth review of what is already known about the impact of the Covid-19 pandemic and how the research question is likely to shed new light on what is already known.</p>	<p>When we started the study and the writing of the manuscript, not much was known about the experiences of healthcare professionals that provided end-of-life care during the COVID-19 pandemic. We made the conscious decision to write the introduction in this way (with the literature that was at hand at the start of this study), because this was also our starting point when we started designing the study and doing the interviews. We made sure to clarify that our starting point was within the first months of the pandemic by specifically adding this in our introduction. The newer literature we saved for the discussion paragraph.</p>

		However, when the editor wishes we add more recent literature (in hindsight) and describe how this study adds to that, we are still able to do that.
4	<p>Methods</p> <p>Recruitment: Participants were recruited through an online survey but it is unclear whether the survey was national and to whom it was (not) send.</p>	<p>We added information about the recruitment in the methods:</p> <p><i>This survey was distributed through relevant healthcare professional organizations, palliative care networks and organizations, volunteer organizations and personal contacts throughout the Netherlands.</i></p>
5	<p>Analysis: The analysis is based on a phenomenological approach but it is unclear what the authors mean by that and how it guided the study.</p>	<p>We elaborated on what we meant by the phenomenological approach:</p> <p><i>We followed the principles of thematic analysis based on a phenomenological approach; focusing on the lived experiences from the respondents.</i></p>
6	<p>It is also unclear what is meant by: "Themes and corresponding codes were continuously compared, discussed and categorized".</p>	<p>We clarified what we meant by this by describing more precisely what specific researchers did during this part of the analysis:</p> <p><i>During the process of sorting the codes into themes, MZ, LB, BOP and RP continuously compared and discussed their decisions.</i></p>
7	<p>Ethics: The authors state that the audio files have been deleted but they don't write anything about the management of the transcripts and whether they have</p>	<p>We clarified how we managed the transcripts (anonymizing and storage of personal information and transcripts):</p>

	been following GDPR rules.	<i>After transcription, audio recordings were deleted and all data were anonymized to make sure the participants and their patients were unidentifiable. Personal information and transcripts were saved in separate folders that both could only be accessed by the researchers.</i>
8	<p>Results</p> <p>It is unclear how many themes the authors are presenting. The citation boxes and the head lines suggest five themes: Exceptional situation; New disease – Lack of knowledge to manage symptoms; High workload – Lack of time and staff for good end-of-life care; Contagiousness – Preventative measures hampered good end-of-life care; Positive effects of the exceptional situation for the long term. But the first citation box is not presented as a theme and it is unclear whether it is related to a domain or not.</p>	See response on comment 1
9	Furthermore, the presentation of quotes in boxes (in stead of integrated in the text) is confusing and makes it more difficult to understand the results.	We understand that the quotes in the boxes could be confusing when reading the results. However, we followed BMJ open guidelines regarding the word count and by adding the quotes within the text, we would unfortunately exceed the word count. We did remove and shorten some quotes, to make the boxes easier to read.
10	Also, some of the quotes could belong to more of the themes which - together with the confusion of how many themes are presented - suggest that the analysis could benefit from one more go.	<p>When clarifying the number of themes and shortening the first, more general paragraph, we distributed the quotes of this paragraph among other themes.</p> <p>However, because of the the extensive, rich quotes about experiences that sometimes describe the versatility of</p>

		the situation during the pandemic, we believe it is inevitable that some quotes belong to multiple themes.
11	<p>Discussion</p> <p>I find the discussion rather superficial. It primarily repeats the results and only address how the results support earlier studies. I miss a more thorough discussion of how this study elaborate on or challenge earlier studies.</p>	<p>We rewrote the discussion, to make sure that repetition is minimized. We focused more on the domains of care in the discussion and related that to earlier studies.</p> <p>We added a critical reflection on what our results could mean for healthcare in the future.</p>
12	Furthermore, the strenght and limitation section is placed in the middle of the discussion which is disturbing.	The guidelines of BMJ open state that this order of the discussion is preferred. We made the summary above the strengths and limitations section shorter, in hope it is less disturbing for the reader.
13	The references could be updated with more publications from 2022.	<p>We updated the references with publications from 2022 that were published after submitting the manuscript in April 2022:</p> <p>Frey, R., & Balmer, D. (2022). COVID-19 and hospice community palliative care in New Zealand: A qualitative study. <i>Health & social care in the community</i>.</p> <p>Bradshaw, A., Dunleavy, L., Garner, I., Preston, N., Bajwah, S., Cripps, R., ... & Walshe, C. (2022). Experiences of staff providing specialist palliative care during COVID-19: a multiple qualitative case study. <i>Journal of the Royal</i></p>

		<p><i>Society of Medicine</i>, 01410768221077366.</p> <p>Bradshaw, A., Dunleavy, L., Walshe, C., Preston, N., Cripps, R. L., Hocaoglu, M., Bajwah, S., Maddocks, M., Oluyase, A. O., Sleeman, K., Higginson, I. J., Fraser, L., Murtagh, F., & CovPall study team (2021). Understanding and addressing challenges for advance care planning in the COVID-19 pandemic: An analysis of the UK CovPall survey data from specialist palliative care services. <i>Palliative medicine</i>, 35(7), 1225–1237.</p>
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