

Peer Review File

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Reviewer A

This paper is an opinion paper that discusses the bereavement care from a public health perspective, and asserts that community-based bereavement care will be important, taking into account the experience of COVID-19.

I agree with the opinion that hospital-based or health sector-based bereavement care has limitations and that community-based efforts should be expanded.

I am concerned that many of the papers cited are from Anglo-Saxon countries, and it is necessary to recognize their limitations.

The paper is aimed at professional bereavement services and emphasizes the need for community supports. Many cultures around the world, particularly indigenous ones, have retained their culture and supports around grief and loss, and as such, do not need us to tell them what they already know! It is important that these community strengths remain and are celebrated and that professional services recognize and support this.

Reviewer B

I found this article to be an incredibly important topic for readers and overall for the bereavement community. Please see [attached](#) for my comments and questions. Overall, consider removing language reading as opinion without citations outside of your "reimagine" and summary section. Utilize your outline at the beginning of the paper to reorganize some of those thoughts.

Thank you for this comment. We have been through each of the comments and questions and have made alterations where we agree with reviewer B. In general, we have ensured that citations are used to support what might be taken as opinion. We have reorganized some of the paper based on these comments. Reviewer C felt the narrative of the paper worked well and described how this narrative functioned. We agree more with Reviewer C than Reviewer B with respect to this.

Reviewer C

The manuscript, entitled "Bereavement Care Reimagined", is written in the form of a narrative review. It points out the importance of not neglecting civic engagement in dealing with grief despite all the professionalisation of grief care. Instead, grief-specific approaches are presented that take into account the involvement of compassionate communities. Future development perspectives are pointed out. In this context, the emergence of compassionate communities, which is dependent on the support of and

cooperation with professionals, plays a key role. In particular, it is pointed out that palliative care services play an crucial role in helping to enhance the civic networks of support. The topic is considered to be as topical as it is relevant. I recommend the acceptance of the manuscript.

However, the application of the citations should be reviewed again.

Line 92: “(2) (3, 4)“

Line: 113: “{Horsfall, 114 2018 #643} {Horsfall, 2013 #565}“

We thank Reviewer 3 for these comments and we are happy that the narrative thread is clear.

The citations have been altered

Reviewer D

Thank you for bringing this important critical perspective to the table! I really appreciate how you integrated multiple knowledge sources and theories into an interesting and persuasive argument that is timely and widely applicable.

That being said, I think there are some ways to really improve the writing and make your argument here more effective and inspire actionable advocacy and change. I don't want to completely change the format or structure of the article because I like the tone and the multiplicity of sources, but here are my recommendations for revision:

1) Please include some recognizable elements of structure into the paper to help guide the reader and lend familiarity, like: Specific problem and purpose statements in the abstract and introduction, more unpacking of the concepts and terminology in the introduction, and perhaps some more subheadings or transition sentences to improve the flow from one paragraph to the next.

We have made the introduction clearer with a heading and separating the individual points we raise as bullet points. This helps to give greater clarity to the overall structure of the paper

2) Because this article is situated in the experiences of the UK, I would love to see more description of the unique structure and function of the UK health system and how this may impact the trends you are seeing in bereavement support strategies and assumptions. As of right now, I can sort of follow what you are bringing to light, but as an American reader, I could use some more explicit description of how these pieces fit together.

We discuss the example UK bereavement services as an aspiration, as identified by Penny and Relf, but the reality is a lot more chaotic and sporadic. We have pointed out and referenced this in the text.

3) There appears to be an inconsistent reference citation style in the text - sometimes there are author/date parentheses, other times numbers that I assume to be superscripted

reference markers. Please streamline these.

This has been resolved.

4) I can hear a couple different writing styles in the paper that make the information seem choppy - mostly I notice differences in use of third/first person pronouns, proclivity for citing ideas and sources, and active versus passive voice. Please revise to integrate these writing styles more smoothly.

We have changed the third/first person pronouns to help blend the style of the 3 authors.

5) There are instances where block quotations are not introduced (they begin a paragraph), or they abruptly end a paragraph or section without summary statements. Please revise.

The beginning quote has been preceded by Foreword. We feel that the article is strengthened by not giving an explanation of the quote, but describe its relevance after.

We have also contextualized the quote of Bessel van de Kolk.

6) There are some standalone sentences that are confusing - it's as if they are meant to be their own paragraph. Please adjust.

We have addressed these issues – Reviewer Bs comments were very helpful in pointing these out.

Theoretically, there are SO many competing perspectives here - from continuing bonds to dual process model to EK-R's stages of grief. I think it would be more effective to focus in on one most applicable perspective (I would go with the DPM and its emphasis on loss and restoration oriented stressors - reliance on grief professionals rather than informal social support sets someone up to have to cope with an additional type set of loss oriented stressors while adjusting restoration oriented possibilities).

We do not agree with this comment. The main reason for quoting the historical multiple perspectives on grief is that many of these views have been lost in the professionalization of care. Rather than building on strong research of the role of peer support and communities that goes back to the 1960s, development of bereavement services has focused on professionalization at the cost of communities, as pointed out in the introduction to the article.