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Peer Review File

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Review Comments

Reviewer A

Comment 1: Introduction and methods
The topic is well introduced.
Please add the reference of the following sentence, if applicable.
Line 144-145. “Existential analysis offers the most coherent explanations of the underlying processes of existential suffering.”

> **Reply 1:** Thank you, we appreciate your comments and suggestions. The revision of the manuscript in accordance with the suggestions has resulted in further clarification and improved readability.
> Our goal was to rethink the concept of existential suffering. After studying the relevant literature, we present an approach that is new in the international medical literature. Therefore, no reference is available for this statement. Furthermore, we have added the definition of Existential Analysis as a footnote to this page.

Comment 2: Results and discussion
“The central triad of existential suffering” (pg.13, line. 259 -)
1.I can hardly understand the proper way to use the triad of ES (fig.2). What the purpose of using this assessment in clinical setting? To quickly diagnose whether a patient is existentially suffered or not? If so, it looks inconsistent the following sentence: whether a person is suffering cannot be answered by scientific knowledge (line 337-8.)

> **Reply 2:** Since the knowledge of professional caregivers regarding the background of existential suffering is often minimal or non-existent, a simple and memorable model is required. The triad of existential suffering represents such a model, incorporating dying wishes as an integral part. After recognising existential suffering, a more in-depth assessment should be performed. The PeSAS published in 2022 is designed for this purpose (Kissane, David W., et al. „Psycho-Existential Symptom Assessment Scale (PeSAS) Screening in Palliative Care“. J Pain Symptom Manage 64, Nr. 5 (November 2022): 429–37).
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> To determine whether a patient is suffering existentially, a detailed dialogue with this person is required. Only the affected individual has knowledge about his/her suffering. An assessment with only objective criteria is not possible, therefore information from the suffering individual is essential. This explains our statement: "The question of whether a person is suffering cannot be answered by scientific knowledge". Of course, knowledge and experience are required for medical professionals to understand and to interpret the statements of existentially suffering patients.

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Comment 3: 2.The prerequisite for using the triad looks confusing, too; The triad underline the holistic assessment of sufferings, though depression should be excluded before using the triad (line 278). If all the sufferings are inter-connected, how can we ignore the impact of depression on ES?

Reply 3: Certainly, depression can trigger existential suffering, as Rodin et al. show in the heuristic model. The impact of a manifest depression should not be underestimated, therefore depressions must be treated by anti-depressant medication as quickly as possible. Existential suffering can present itself in the appearance of depression, but it will not respond to antidepressant treatment or other psychotropic drugs.

There is no doubt that manifest depression must first be ruled out or treated with medication. So the clear answer to your question is that the impact of a manifest depression on the experience of existential suffering must not be ignored.

Comment 4: 3.I cannot fully understand the meaning of the following sentence: These levels are in the same ranges as the expected incidence of ES of approximately 30% (13) (line 299-300). Is this sentence necessary? Are the study subjects same as in the previous sentence (ref.76)?

Reply 4: The two studies involved similar, but not identical groups of patients. For clarification, we have followed your suggestion and deleted the sentence (line 299-300).

Comment 5: 4.It would be helpful to add the reference of "the Austrian study mentioned above (line 302-3)".

Reply 5: We have added the reference.

Comment 6: "Palliative sedation therapy (PST) for existential suffering? (pg.19. line 381-)"

1.The sentence starting with "The use of sedatives to relieve …..(Lines 389-91)"

I believe the former part of the sentence referred to the article (probably #107) about continuous use of sedative. How about the latter part of the sentence (ref. 108)? Temporary sedation is included in PST or not in this study?

Reply 6: You are right, the order of the sentences was confusing. We have therefore changed the punctuation. We have also added the following clause to the Austrian study: "… 32%, of whom a smaller, unspecified number of patients was sedated intermittently".

Comment 7: 2.Could you please clarify when was the data on CDSUD incidence in Belgium made? (Pg20, line 414)

Reply 7: We have added the year 2013.

Comment 8: 3.The sentence starting with "In Belgium, doctors justify PST….. (Pg.20, lines 417-8)". Could you please clarify the four principles of biomedical ethics with a relevant reference.

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Reply 8: We have expanded the sentence to include the four principles of biomedical ethics and added the following reference: Beauchamp, Tom L., und James F. Childress. Principles of biomedical ethics. Eighth edition. New York: Oxford University Press, 2019.

Comment 9: 4.The authors gave warning about the global trend of the increase in CDS incidence. I would be helpful to add the reference indicating that CDS for non-physical symptoms (including ES) is increasing.
For example,

Heijltjes MT, van Thiel GJMW, Rietjens JAC, van der Heide A, de Graeff A, van Delden JJM. Changing Practices in the Use of Continuous Sedation at the End of Life: A Systematic Review of the Literature. J Pain Symptom Manage. 2020 Oct;60(4):828-846.e3.

Reply 9: We have included key statements of this review article by Heijltjes et al. (lines 429-432).

Comment 10: "Concept of good dying and illusion of control (pg.21 line431-)"
1.Continuing from the previous paragraph, the authors are critical of the modern society where people tend to overemphasize autonomy and thus to consider dying under CDS as good. I would recommend to refer to other values related to good death; autonomy is not the only one.

Reply 10: Thanks for this recommendation, we have summarized and added the most important attributes of good dying (lines 454-457).
A comprehensive description of the various attributes would be very interesting, but is unfortunately beyond the scope of this article.

Comment 11: Conclusion
The authors concluded we could still keep CDS for ES as a last resort option. However, I barely found no supportive evidence of using CDS (not PST) for ES in this narrative review. I'd like to know what kind of situation the authors assume where CDS could be used for ES.

Reply 11: This question regularly concerns us when caring for individuals suffering existentially, especially if patients, relatives or professional caregivers request sedation. A first step is intermittent sedation over a few nights, which may be sufficient to achieve rest and relaxation.
With patients in existential despair, we consider CDS in the last days of life because adaptation to the existing situation is unlikely during this short period due to physical weakness. This sedation is performed by slowly titrating the sedatives.

Reviewer B

Dear authors,
Comment 1: Thank you for inviting me to review your work.

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I think you address an important topic and that your results and conclusions are interesting. Too often we present sedation as a therapeutic option for existential suffering, without searching to understand further what existential suffering could mean in the palliative care context. You have clearly sought to understand the subject matter in depth and to conceptualize it. I think this kind of work is important for the palliative care community.

> **Reply 1:** We are grateful for your comprehensive and in-depth review with many suggestions and recommendations supporting our publication on this important topic. Some of our approaches and concepts are new in the international medical literature and can contribute not only to a better understanding of existential suffering, but also to improved care for these severely suffering patients.

Comment 2:
Where I have a little more trouble is the way the results and discussion are presented. The article is very long, and I felt lost by the end. Also, there is no hierarchy between the different ideas (no main headings with corresponding subheadings), rather a succession of ideas that don't necessarily all seem linked between each other. I had trouble following the thought process from beginning to end. I also had trouble understanding the distinction between how you presented your results and your discussion. The discussion seemed more like a long summary of the results, but that the results were not really discussed per se.

> **Reply 2:** You are right, it is an extremely complex topic and a challenge to present it clearly and concisely.
> To give readers a better overview and prevent them from feeling lost or losing interest, we have divided the article into three sections/major themes and summarized this briefly at the end of the introduction (lines 156-158). We have tried to describe the results more succinctly and condense the discussion as much as possible.

Comment 3:
In your introduction, you develop well the concepts of existential suffering and of suffering in general. However, you do not explain what sedation is, especially CDSUD. I would encourage adding a few sentences to describe this practice as it may not necessarily be clear to all, especially those outside of the palliative care field.

> **Reply 3:** If you have been dealing with a topic for years, there is a risk that you will overlook individual aspects that would require an explanation. We have therefore gladly taken up your valuable suggestion and described the definition and forms of palliative sedation therapy in a footnote on page 5, at the very beginning of the introduction.

Comment 4: The general outline of the introduction is confusing because the objective is implicitly stated in the middle (page 6 lines 107-109) whereas it is typically explicitly stated at the end. The ideas that you develop in your introduction are interesting, but would perhaps benefit from being re-arranged in a more logical order (putting the objective just before the methods)?

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Reply 4: Thank you, in order to avoid confusion in the introduction, we have followed your suggestion. We have moved the objective to the end of the introduction, under the heading "core question" (lines 149-153).

Comment 5: In English we tend to favor short sentences. “Short, sweet and to the point” as we say. Some of your sentences are quite long which can render the manuscript difficult to read at times. I would encourage breaking down long sentences into shorter ones for greater clarity.

Reply 5: Thank you, following your recommendation, we have divided the really long sentences into shorter and therefore more understandable statements.

Comment 6: Overall, I think your work is important and that your results need to be communicated to the palliative care community. But it’s essential to find a way of writing so as to effectively communicate your work. As is, the reader is unsure of what to take away, which results are important, and how to implement the knowledge. I would encourage restructuring your results with headings and subheadings, having no more than 3 major themes. The discussion section should be kept for discussion, and the results should be summarized in a very short paragraph at the start of your discussion. I would also consider shortening your article. I know it can be frustrating as there are many interesting findings to share. But when the article is too long, you risk the reader losing interest.

Reply 6: We are pleased that you find this work useful in principle.
As described under Replay 2, to give readers a better overview and prevent them from feeling lost or losing interest, we have divided the article into three sections/major themes and summarized this briefly at the end of the introduction (lines 156-158). We have tried to describe the results more succinctly and condense the discussion as much as possible.
We have now summarized the results in a short paragraph at the beginning of the discussion.

Comment 7: In short, you have some good material. Now we just need to find a way of communicating it effectively to the scientific community.

Reply 7: You are of course absolutely right. Even the best article loses value if it cannot adequately convey the topic or if it is not read at all because it is too confusing. We have therefore revised the entire text again and we hope that this contributes to a better understanding.

Here are some more specific comments:

Comment 8: Page 5 line 93:
Do you have a reference for this sentence? If it’s from your own personal clinical experience, could you say so?

Reply 8: We have added reference 11: Kissane et al. 2023

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Comment 9: Page 5 line 95:
I think you could make this sentence clearer by simply saying “occur intermittently or constantly over time”. It’s not an obligatory change, but could make it simpler to the reader.

> **Reply 9:** Thanks, we have shortened the sentence in accordance with your suggestion.

Comment 10: Page 6 line 102:
You often state the names of authors such as here. In this context, simply writing “Rosa” is a bit odd, because it takes the reader a minute to realize who/what you’re talking about. Some of your sentences would benefit by being more “neutral” (taking out the names).

> **Reply 10:** You are right. We have now largely refrained from mentioning authors' names in the text in favor of readability.

Comment 11: Page 6 lines 106-107:
The sentence “considering the tension… answer the following questions” is a bit confusing. What did you want to say here? And I would recommend putting “questions” in the singular, because in the next sentence you only ask one question.

> **Reply 11:** In view of the tension between the appellative character of existential suffering and the extremely limited pharmacological options for alleviating it, we address the following questions: Assuming that existential suffering cannot simply be "fixed", we consider what realistic goal can be aimed for. Is it even possible to alleviate or even eliminate the suffering? Or should our aim be to support the existential sufferer in developing a different perspective?

Comment 12: Page 6 line 120:
There is a space missing between “above” and “mentioned”

> **Reply 12:** We have corrected in above-mentioned.

Comment 13: Page 7 line 132:
I would use a different word in place of “harassed”. In English it gives the image of someone purposefully pestering you. How about “burdened” for example?

> **Reply 13:** We have corrected this according to your suggestion.

Comment 14: Page 7 line 136-137
I don’t quite understand the segment “an insufficient and diffuse knowledge of professional caregivers”. Do you mean “lack of knowledge among professional caregivers”?

> **Reply 14:** We have corrected this formulation according to your suggestion in order to make the wording clearer.

Comment 15: Page 7 line 145:
I personally don’t know what existential analysis means, so I looked it up. But this is probably the case for other readers as well. Would it be possible to define it in a few words? Psychological terms are not necessarily familiar to all.

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Reply 15: We have added the definition of Existential Analysis as a footnote (in accordance with the International Society for Existential Analysis).

Comment 16: Page 7 line 147:
Can you give a reference for this checklist?

Reply 16: This narrative review reporting checklist is, like the cited sentence at the end of the introduction, a requirement of the editorial office. This checklist is not included in the article and will be published together with the paper and the reviews on APM's online platform. I think this list will be sent to the reviewers by the editorial team.

Comment 17: For table 1:
Check your parenthesis in the inclusion/exclusion criteria section. I think there may be one missing.

Reply 17: Thank you, we have replaced the first parenthesis with a comma.

Comment 18: Page 8 lines 149-151
Could you rephrase and perhaps break into two this sentence? And I think you're missing a verb here: "additionally a selective search in specialist literature on existential analysis".

Reply 18: We have corrected this according to your suggestion.

Comment 19: Page 8 lines 149-153
What method did you use to analyze the articles?

Reply 19: As no specific, structured method of analysis is prescribed for narrative reviews, we conducted a comprehensive literature search in PubMed and specialist literature on Existential Analysis. We have summarized the search strategy in Appendix 3.
This search was followed by screening the abstracts of the papers found. For relevant articles, discussion and conclusion were read. Their references were the basis of an extensive reverse and forward snowballing to identify further significant papers. The most informative publications became the scientific basis of our article with review articles being favored.

Comment 20: Page 8
I think the title "Results" is missing.

Reply 20: Thank you, we have added "Results".

Comment 21: Page 8 lines 158-160
Sentences needs rewording. It doesn't quite make sense as is.

Reply 21: The suffering experienced can lead to an alienation of the person suffering. It is the experience of loneliness, loss of meaning and the realization that one can no longer realize one's own original values. Svenaeus (25) summarizes these painful experiences in the term suffering moods.

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Comment 22: Page 8 line 161
You need to add “moods in which a suffering person lives”

Reply 22: Thank you, we have added "a".

Comment 23: Page 8 line 162
“suffering moods are mental”… what do you mean by mental here?

Reply 23: Suffering moods are experienced psychological and mental states of suffering. They are extremely painful and at the same time intensify existing physical suffering.
Mental describes the inner interpretation, the attitude to suffering, precisely the suffering upon suffering.

Comment 24: Page 8 line 164
You cite reference number 34 here… which is in French? In your methods section you stated that you included on English and German articles.

Reply 24: Philippe Cornu is a well-known French ethnologist, tibetologist and specialist in Tibetan Vajrayâna Buddhism. He is also a translator from Tibetan. His lexicon is therefore a reliable reference.

Comment 25: Page 8 line 163
I don’t know if we can say “meditation traditions” in English. Maybe replace it with “ancient”? Whatever you think is best suited.

Reply 25: In order to make the text more clearly formulated, we have changed and shortened the sentence.

Comment 26: Page 8 line 165
I would take out the connecting word “Therefore”. The previous sentence doesn’t necessarily allow you to conclude what follows.

Reply 26: We have modified the sentence according to your suggestion.

Comment 27: Page 8 line 168
I’m not sure the word “mental” is necessary here. If you feel that it is, then the meaning of “mental” that you are trying to convey to the reader is not quite clear and would benefit from re-wording or further explanation.

Reply 27: Since the word "mental" is not necessary here, we have removed it to provide clarity.

Comment 28: Page 9 line 181
I would reword it to say “they give a safe foundation for life” or something of the sorts.

Reply 28: Thank you, we have modified the sentence according to your suggestion.

Comment 29: Page 9 line 183
I don’t know if the term “a good life” is very objective, and the sentence is a run-on sentence… maybe say “…suffering upon suffering develop when one’s perceived value or condition of good life is destroyed or lost”.

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Reply 29: We have modified and divided the run-on sentence.

Comment 30: Page 9 line 198
"Destroyed" seems like a very strong term. I would imagine that sometimes the fundamental conditions could be rocked or questioned, without being destroyed?

Reply 30: The diction of the existential analyst Alfried Längle is "destroyed" in some of his publications because the people affected perceive a destruction. Other descriptions are: The fundamental conditions are damaged or attacked. We therefore consider the word "rocked" to be appropriate.

Comment 31: Page 12 line 253
I don't think the abbreviation "PC" has been used up until now in the manuscript, so I would write it out.

Reply 31: To improve readability, we have replaced almost all abbreviations with full words.

Comment 32: Figure 1 (page 49)
For existential despair you define it as suffering in a hopeless situation. Whereas earlier on you define it more within hopelessness. The situation can be "hopeless" (incurable disease) without there being hopelessness. And it's not because someone is in a "hopeless situation" that they despair or suffer. In short, I'm not sure I agree with this definition, but I think you can probably clarify it using arguments already stated in your text.

Reply 32: The term "hopeless situation" used in the description of Figure 1 is in fact misleading, because despair is based on the combination of feelings of meaninglessness and hopelessness. We therefore change our statement to: "Existential despair describes unbearable suffering from an experienced combination of meaninglessness and hopelessness, in which an existential vacuum can be felt."

Comment 33: Figure 2 (page 51)
On the left half you bold "physical" whereas on the right half "burdens" (to be homogenous, I would have bolded "psychological, social, spiritual". Was this intentional?

Reply 33: You are right, this should be equal and we corrected it.

Comment 34: Page 19 line 379
You wrote "für". I think you maybe meant "for"?

Reply 34: Despite repeated proofreading, we have overlooked this error. Thank you for pointing it out.

Comment 35: Page 22
Usually the first paragraph of a discussion is a short summary of your results. Would it be possible to add this?

Reply 35: Thank you for your suggestion, we have added the following sentence: "Caring for existentially suffering patients can be a major challenge,

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as it requires a completely different approach to the proven strategies for alleviating suffering."

Comment 36: Page 27 line 594
"Literature" is missing an e.

Reply 36: We have added the e.

Comment 37: Page 29
There typically are not any references cited in a conclusion, and certainly no new results or citations.

Reply 37: Thank you for pointing this out. We have shortened and summarized the quotes and moved them to another suitable place in the article, and we have added a new table 4 with the central quote by Saunders. We have also added final summarizing sentences to the conclusions. The conclusions have become shorter and clearer.

Reviewer C

Comment 1: Thank you for giving me the opportunity to review this highly interesting manuscript. The subject under consideration is topical and of great importance in the field of palliative care. The latest EAPC framework on palliative sedation shows a trend towards greater recognition of refractory existential suffering as a possible indication for palliative sedation. However, as the authors rightly point out, the concept of existential suffering is often poorly understood, its management responds badly to psychopharmaceutical treatment, the use of deep and continuous sedation may be potentially harmful for these patients, and the healthcare professionals involved are faced with difficult situations and decision-making. In this detailed narrative review, the authors analyse the various triggers of existential suffering and differentiate between existential distress and existential despair, which seems to me to be an important point of terminology that could lead to a better assessment of existential suffering. They also examine the effect of this suffering on the healthcare professionals involved and develop some very interesting approaches to how to support existentially suffering patients, which should be the subject of training courses for palliative care professionals.

Reply 1: Thank you for this clear summary and the high recommendation to publish this article on this important topic.

I have only two minor suggestions:
Comment 2: - L 144: Please define briefly the term "existential analysis".

Reply 2: We have added the definition of Existential Analysis as a footnote to page 8.

Comment 3: - L 278: It might be useful here to give a few clues to help distinguish between depression and existential suffering.

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Reply 3: We have added the following sentence: "Anhedonia, the loss of ability to experience pleasure, is the dominant symptom of clinical depression, but not of existential suffering." (lines 293-294).

The document reads well. The manuscript is a very valuable contribution to a better understanding of existential suffering and how to deal with it.

I highly recommend the publication of this manuscript.

Reviewer D

Comment 1: This paper is presented as a narrative review of the literature but in fact it also seeks to build a “systematic” a “benchmark” a “triad”, a “guiding principle.” The result is a narrative review that seems interpreted in a preconfigured way. For example, a number of broad philosophical perspectives are canvassed, but there is a lack of critical engagement both with what previous authors are presented as having claimed, whether their claims are compatible with each other and, ultimately, whether they would clearly support the account being set out.

Reply 1: First of all, thank you for the various comments and perspectives that contribute to a more precise presentation and terminology in the article.
A comprehensive discussion of the various philosophical backgrounds is unfortunately beyond the scope of this article. Nevertheless, such an in-depth summary and critical engagement represent an important approach and could be topic of future papers.
We think we have made optimum use of the possible frame of this article. We have presented basic philosophical considerations, central scientific findings and a comprehensive and partly new concept of existential suffering. Our conclusions enable a safe therapeutic practice and provide approaches for further research.

Comment 2: There is occasionally a problem with sense, why is the human condition a fact beyond disposal but also unavailable? How can patients be harassed by the taboo of suffering? I think in some cases there may be an issue with translating German philosophy, but either way, better terms seem required.

Reply 2: Thank you for this suggestion that there might be an issue with the translation of terminology of German philosophy. According to the English translation of Hartmut Rosa's book, we use the term "uncontrollability". It is not the exact equivalent of the German word "Unverfügbarkeit" in every nuance, but it is the closest we can get.

Experiencing suffering is part of the essence of being human. Although we have developed numerous strategies to alleviate physical or psychic illness-related symptoms, even professional carers are often helpless in the face of existential suffering at the end of life. This suffering cannot be fixed.
However, since the imperative is to alleviate suffering and all previously proven

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strategies are not effective with this form of suffering, it becomes a taboo. But this taboo negates the basic human condition.
Existential experiences of suffering at the end of life can therefore lead to great pressure on professional caregivers, as they find themselves caught between the mandate to alleviate suffering and the limits of what is feasible and endurable. This powerlessness can also have a stressful effect on patients if inadequate measures are taken to at least "do something" about the perceived suffering.

We have replaced the word "harassed" with "burdened" in the text.

Comment 3: I am not sure talk of experiential and creative values makes much sense. It seems more about the continued enjoyment of one's experience and the inclination to engage in creative endeavours.

Reply 3: The distinction between the three value categories that enable an existential sense of meaning is due to Viktor Frankl, the founder of Logotherapy and Existential Analysis. This also applies to the terminology of values: experiential/creative/attitudinal.

Comment 4: At points it is claimed that suffering entails the absence of meaning but the picture set forth suggest that meaninglessness obtains when we begin to despair and not simply suffer. Hopelessness is then also added into the mix, without obvious purpose.
Comment 5: Figure one suggests suffering is a class that contains distress which in turn contains despair. But would it not be better to suppose distress is the broader notion? One can be distressed without necessarily suffering, but it seems to me that suffering entails distress (of some sort).

Reply 4 + 5: Until now, the terms "existential suffering/distress/despair" have been used synonymously. Only a part of the patients experience a lack of meaning in the current situation.
According to the view of Existential Analysis, despair develops when the feelings of meaninglessness and hopelessness come together. This distinction is important because these desperate individuals develop a desire for exit strategies.

Comment 6: It seems a little misguided to present existential suffering as contagious when empathic distress seems to effect professionals but not family members. It is also hard to imagine the cure is greater compassion or empathy.

Reply 6: The contagious nature of existential suffering caused by empathic distress affects professional and informal caregivers, which can lead to lower quality of care. Available studies have been performed with professionals.
We state the only potential healer is the existential sufferer her/himself (lines 500-501). Persons who have developed reflective listening can enable the existential sufferer to develop a different perspective and thus a transformation or alleviation of existential suffering.
The ability to develop compassion (activate the brain's compassion network) protects against contagion and empathic distress. This is shown by modern brain research.

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Comment 7: How can there be a risk of harm when a patient is subject to CDS.

Reply 7: We describe in detail the increased risk of CDS harming unresponsive individuals: lines 411-427, 595-602.

Comment 8: Presumably, at minimum, there must be a point at which or conditions under existential distress or suffering becomes pathological? In the context of severe depression, for example. It may not warrant sedation, but denying that it can ever become pathological does not seems supportable.

Reply 8: We note that existential suffering is not pathological, but a human reaction when important primary values cannot be realized.
Of course, physical (e.g. pain or nausea) or psychological (e.g. depression) factors that cause suffering must be treated comprehensively and competently, also by medication.

Comment 9: Gilbertson et al's recent JME paper, Expanded terminal sedation in end-of-life care, seems like it might be a useful resource.

Reply 9: Gilbertson and colleagues describe Mrs Johanson's suffering impressively. In their article, they summarize their plea for an expansion of the criteria for palliative sedation therapy to extended terminal sedation, which is ultimately equivalent to slow euthanasia. This contradicts both our attitude as well as our favored definition of palliative sedation therapy by the EAPC.
The article by Gilbertson et al. also lacks a comprehensive analysis of the harmful effects of continuous deep sedation for existentially suffering individuals (which we describe in detail: lines 411-427, 595-602). The risk of harming unresponsive, existentially suffering persons through CDS contradicts the nonmaleficence principle of biomedical ethics (lines 630-632).

Comment 10: Existing work on the philosophy of palliative care is not cited or discussed, despite the matter seemingly being central.

Reply 10: In the section "Alleviating suffering" (lines 107-113), we refer to key publications that illustrate the philosophical background of palliative care. As already described in Reply 1, a comprehensive discussion of the various philosophical backgrounds is unfortunately beyond the scope of this article.

Comment 11: Existential suffering is rendered ES, but sometimes ES is used and other times existential suffering is used. This leads the reader to wonder if something different is meant. I don't think that it is, rather it glosses sentences that otherwise would not offer much beyond the circular. Consider: "The triad of existential suffering, as a concise model, promotes a multidimensional assessment of ES."

Reply 11: Thank you for your comment. For reasons of readability and clarity, we have omitted most abbreviations in this article. For the frequently occurring term "existential suffering" we have retained the abbreviation "ES".