

Peer Review File

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Reviewers' and editor's comments	Author responses
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Reviewer A

This is an interesting study and raises some very important points about both holistic care of patients living with diabetes and about communication regarding advanced illness and end of life care. The field of palliative care can be so broad (consider interpretation as supportive care to patients with serious illness and to their families) and, although not traditionally considered a "palliative diagnosis," diabetes certainly can fit the bill. Some palliative care clinicians strongly believe that the field should pay far more attention to this disease, especially given the constellation of end-organ consequences. Communication skills are just as relevant here as anywhere.

The study's methodology seems well outlined.

However, I have some concerns that I recommend are addressed before the manuscript moves forward:

- connecting diabetes illness experience with the content of this study: upon reading the introduction, I thought the study would be about the illness experience of diabetes and palliative needs; however, what I read through the study is simply that patients with diabetes were included in the surveys/focus groups, etc., but the relevance of the study seems less about diabetes and more about death/dying for anyone

- language of death themes: these are interesting but they are not new -- clinicians' hesitation to use concrete language ("dead"), benefits of mirroring language, etc., are commonly discussed in palliative communication literature. If the novelty of these findings are that they came from an initial disease focus around diabetes, then that connection with diabetes specifically needs to be clarified.

- are the patient/family participants framing their experiences around diabetes?...or

Thank you for your comments. They are appreciated.

We included a comment that diabetes is not traditionally considered a life limiting illness although it is known to reduce life expectancy compared to the general population.

Thank you.

We have revised the manuscript in several places to highlight the focus on diabetes clinicians and older people with diabetes and death and dying for them. We hope the revisions clarify the issue .

We agree, and have revised the manuscript to acknowledge that point and clarified that the focus is around diabetes.

We acknowledge that point and these comorbidities are leading causes of diabetes-related morbidity and mortality.

around complications of diabetes? (as a palliative practitioner, I almost never hear patients express concern about their diabetes per se, it's the end stage renal disease, the coronary artery disease, the strokes, etc., that are identified as the life-limiting issues). This needs more clarity.

- I recommend shortening the introduction considerably; there are some interesting facts (e.g. Book of the Dead) but they are not needed in this manuscript

- I recommend removing the lengthy quotations and putting shorter examples into, say, a table that more concretely and succinctly categorizes and exemplifies findings; the Results section is too long

- Table 1: are these conclusions from this study? I don't see that they correlate with either the study design or the findings presented.

- I'm not sure the authors actually show that they did what they claim in the conclusion statement: "We co-designed EOL/PC information with older people..." -- what is presented are findings primarily related to how clinicians conceptualize talking about (or not talking about) death/dying, etc.

We discussed diabetes as well as comorbidities in the focus groups and with the people with diabetes and families in the expert reference group who co-wrote the information. Our other studies show they are concerned that their diabetes is managed to prevent hypo- and hyperglycaemia and does not get lost in other care. We trust the issue is now clearer.

The information about ancient practices was removed from the introduction.

The long quotations were shortened but keep the main point intact.

We did not put them into a table because the narrative flows better if they stay with their text,

Table 1 are suggestions for having conversations but not conclusions from the study.

We revised the aim to include identifying the language diabetes clinicians, older people with diabetes and families use to discuss death and dying and slightly revised the conclusions to clarify that issue.

<p>Reviewer B</p> <p>Please clarify the aims of the study, which seems part of the research design.</p> <p>- Please explain the composition of the said 3 advisory groups</p> <p>- Whether the international experts to evaluate the penultimate version and the advisory groups come from same source?</p> <p>- The study mentioned that 90 participants (30 / group) would be recruited, the final result seems have a huge gap in the sampling size.</p> <p>- Results mentioned that 62 persons participated in focus groups. On the other hand, total 66 persons (18 clinicians, 14 older people with diabetes & 4 family members) are interviewed. Please clarify?</p> <p>- No mention of whether the counselling services provided is charge services or free for those may have emotionally problems aroused by this study. Please clarify.</p>	<p>Thank you for your valuable comments.</p> <p>We modified the aims slightly to include identifying the language diabetes clinicians, older people with diabetes and families use to discuss death and dying. The other aims remain the same.</p> <p>The methods are described separately.</p> <p>These are already included in the paper in the abstract and on page 8 under summative evaluation.</p> <p>This was included on page 9 under independent expert review. They were international experts and not from the same sampling population as the expert reference group or the focus group participants.</p> <p>We hoped to recruit 30 clinicians, 30 people with diabetes and 30 family members = 90 participants overall.</p> <p>We actually recruited 62 participants: 48 clinicians, 14 older people and 4 family members.</p> <p>We acknowledged the small sample size under limitations of the study on page 22. It still achieved a response rate of 70%</p> <p>These services were free for study participants.</p>
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