

Page	Lines	Issues/ Recs	Revision	Comments
2	8	Please include a reference for CDC prevalence	We have added the reference.	CDC reference added
2	26-28	May be helpful to further describe "benefit" - include a reference	Added reference and deleted beneficence.	Thank you. Decided to omit beneficence as benefits were previously discussed with additional reference of Nohria, 2002. Added reference for medications being used as "bridge" therapy.
2	38-40	Please add description of burden/ limitations of inotrope therapy (i.e. drip that needs to be run continuously and can be limiting for completion of activities, side effects of the medication). Also clarify language to more accurately discuss benefits here. Although they can technically increase survival by "days to weeks," it often	Added Nohria, et al., 2002 Like all medical therapies, there are benefits and limitations of inotropic medication. In order to receive continuous inotropic support, a patient must maintain a peripherally inserted central catheter connected to a bag of inotrope medication. The medication is contained inside a pump which the patient carries in a bag at all times –	Great suggestion, clarified language and added an additional reference to support negative side effects.

		<p>“complicates end of life by prolonging it and the expected survival is still on <50% at 3-6 months.</p>	<p>undoubtedly an inconvenience and barrier to some daily activities. Also, depending on the medication, arrhythmias and hyper or hypotension can occur (Overgaard & Dzavik, 2008).”</p> <p>And</p> <p>Furthermore, in one study, median survival was still only nine months.⁷ Additionally,</p>	
2	40	Remove word And from beginning of sentence	Removed and added “Additionally”	Revised word choice to communicate challenges of medication at end of life.
2	45-47	May be useful to describe palliative inotropes (continuous inotropes used in end of life settings)- if authors consider different than continuous inotropes or not- may consider	Changed to “continuous inotropes”	Agreed, thank you. Elected continuous inotropes to keep consistent language.

		using term continuous inotropes since already defined		
3	6	("Patel and colleagues (2019)): correct citation format to be consistent with the rest of the manuscript	Need to add reference number once completed	
3	15	Needs reference	Added Groniger, Gilhuly, & Walker, 2018 need reference number once completed	
3	19-20	Would remove "hospice enrollment" as this would not guarantee continuation of palliative inotropes. Could potentially edit to say: "The existing barriers to hospice enrollment combined with lack of access to palliative care specialists results in the cardiology clinician bearing the responsibility of determinizing patient preferences related to inotrope therapy."	Added: "The existing barriers to hospice enrollment combined with lack of access to palliative care specialists result in the cardiology clinician bearing the responsibility of determining patient preferences related to inotrope therapy."	Great suggestion, thank you! Added your edit.

3	24	add sentence to clarify narrative thematic analysis	Added reference and: "Thematic analysis is a flexible approach that enables researcher to interpret meaningful conclusions (i.e., themes and patterns) from participants' communication of everyday life experiences via qualitative interviews."	
3	54	Consider rephrasing to either cardiology clinician (as above) or cardiology nurse practitioner. Cardiologist in practice commonly refers to a board certified physician specifically.	Replaced all "cardiologist" with "cardiology nurse practitioner" when referring to Patricia's NP	Great wording, thank you.
4	13-15	Would like to see that interviewees were consented and would be helpful to know general process (how long, how many sessions, same person conducting interviews, how many family	however, the study's purpose was explained in detail and consent obtained by all participants. (two interviews, 45 and 30 minutes, respectively),	

		members were interviewed, patient/family interviewed together or separately, form of compensation, etc)	(one interview, 30 minutes), The first interview was with the patient and her husband and the second interview was the patient and her daughter in law.	
4	51-52	Year of diagnosis	Added: "as of September 2016. It is unknown when her symptoms first began."	Thank you, more details provided.
5	5-7	May be useful to mention patient's level of adherence to medication therapy since authors mention that they were ineffective at controlling symptoms. Also would be good to describe the symptom burden she experienced (SOB, pain, fatigue)	Added: "Patricia described symptoms as, 'fluttering'"	Great suggestion, detail provided per patient's description. Less information is known about her previously uncontrolled symptoms. The participant wasn't elaborate on symptom burden.
5	16	("She and Robert.."): is 'Robert' also a pseudonym (hopefully so)? Please edit to retain anonymity	Removed "Robert", added: "she and her husband"	Thank you! It was a pseudonym. Followed other suggestion and just removed unnecessary detail.

5	22	("...primary cardiologist..."): please edit (see earlier comment from p 3, line 54)	See previous	
5	17-28	Please include description of her ability to complete ADL's and IADL's since it is mentioned in discussion (page 10, lines 19-21) and whether she had a health care decision maker established if known, any prior determination of goals of care or conversations related to treatment preferences (e.g., MOLST/code status, advance directives, family meetings). This will help paint a picture of the extent of palliative care services she had already received	<p>Added, " She is still able to bathe, groom, feed, and cook for herself but requires a rolling walker to ambulate. Her daughter in law and son assist her and her husband with managing finances, medications, transportation, and shopping; for those reasons,"</p> <p>Added: "Their children's medical knowledge was helpful during her hospital stays and discussions with physicians, but there was no formal advance directive. Patricia's medical records reflected a palliative inpatient consultation during the admission when she was told she was dying; however, Patricia did not remember the palliative</p>	Great suggestions for additional details to frame the picture of how palliative was involved.

			<p>team being involved. The advanced heart failure service and palliative team addressed code status, use of life support, and hospice inpatient and outpatient services. Later, Patricia shares what she remembers from this visit and how she plans for the future.”</p> <p>Also added: “Both the advanced heart failure team and palliative inpatient team discussed with Patricia her projected illness trajectory, ineffectiveness of the medication, and code status.” P.7 Lines 31 – 34</p>	
5	27-29		Added: disagreements regarding analysis were resolved via regular meetings.	Minor edits made to improve readability
5	33-35	(“...due to seizures...”): suggest editing, since this refers not to the patient, but to the spouse's medical	Deleted: “Robert started receiving disability benefits in 1989 due to seizures and Patricia in”	Revised, thank you.

		information, it is more detailed information about the spouse than needed for this case article.		
6	15	("...cardiologist also notes..."): does this mean the patient's cardiologist (MD)? If referring to the NP (as in earlier parts of the manuscript), please edit	See previous.	
6	29	Remove comma after "physical"	deleted	
6	38-48	I would put this in quotes and make it clear this is coming from the patient	Quotes added to this and all other direct quotes.	Thank you, added quotes to all quotes for clarification.
7	3-7	("...strapped to medication 24/7..."): please clarify: is this is part of the 'relying on others' theme, or is this a different theme? If part of 'relying on others', it's 'fit' with the theme is not clear to this reviewer.	Deleted and replaced with: "Her reliance on others was necessary due to loss in ability to perform daily activities"	Drawing on previous suggestion, connected loss of ADLs and IADLs with reliance on others. Thank you.
7	8	Could include activities that she felt that she could still	Added: "she emphasized her ability to still able to take care of herself, attend	Thank you, added some additional details she provided us.

		perform independently as a result of being on inotrope therapy (i.e. cook for herself)	doctor appointments, and be at family birthdays.”	
7	12	Would rename section as “Contending with Prognostic Uncertainties” as no other uncertainties discussed	Added “Prognostic”	Good clarification.
7	29	Please rephrase this... Terminal implies a prognostic window of < 6 months so being alive at 4 months after would not be in conflict	Added: “When the inpatient cardiologist told Patricia she was dying, she believed this to be imminent, within days;”	Agreed, misleading. Thank you.
7	36	Were there any interventions by any of the medical teams to address her emotional symptoms of sleeping/ ruminations of death? If so, would include.		Unfortunately, no. The emotional and physical symptoms related to death anxiety occurred after she was discharged. She never informed her primary cardiology nurse practitioner. I’m not sure she told anyone...

7	50	("...cardiologist.."): edit	See previous.	
8	51-53	Please include dashes in "daughter-in-law" to be consistent	Dashes added to all.	Thank you.
9	50-51	Please clarify this sentence- not sure if there is a typo or if is meant to reflect the speaker was hesitating, either way, it impacts the reader's understanding. "We try to respect their wishes and if they're saying, that's enough, before we think that even with, well maybe there is something else we can do."	Added: "cardiology nurse practitioner reflected on the challenge of wanting to help patients if the medical staff is able to do so, but if the treatment is incongruent with the patient's life, she accepts the preferences of the patient." Also added quotation marks, and edited statement for clarification.	Thank you, hopefully that clarifies her sentiments.
10	14-15	Would change medications to inotropes	Changed.	Thank you.
10	14	May be beneficial to add in the discussion section a couple sentences about how a palliative care service	Added: "palliative care services could play in inotropic therapy. During Patricia's hospitalization, she	Thank you.

		could have improved the overall coordination of care, including disease state education, continuation of goals of care / treatment preferences conversations, superior symptom management, and support to patient and caregivers.	primarily worked with the advanced heart failure team and did not remember involvement with palliative care. An outpatient palliative care team could have improved the overall coordination of care, including disease state education, continuation of goals of care and treatment preferences conversations, symptom management, and support offered to Patricia and her caregivers. This article also presents”	
10	38-40	I think stating “physicians must offer hope for extension of life” can be dangerous; instead I would phrase as encourage providers to have extensive conversation about risks vs. benefits of inotrope therapy, including how it will be in-line with their treatment preferences or that it is understandable that	Added: “It is understandable that physicians and nurse practitioners strive to offer hope for extension of life, yet they also should acknowledge the unknown.”	Thank you for that suggestion. Added a sentence to steer clear of dangerous territory. We reinforced the need for extensive conversations about shared decision making the paragraph subsequent. Therefore, we focused on the balance of hope and uncertainty for this particular section.

		physicians would strive to offer hope.		
11	7-12	Clarify that this reference is in cancer patients not heart failure- not sure it applies here, may need language connecting the populations.	Clarification added; Added: "between oncologists and cancer patient suggests" AND "It is possible that same trend would be seen in cardiology patients, therefore;"	Clarified, thank you.
11	10	Is there a word missing here? More or less optimistic?	Added "more"	Thank you.
11	12-14	Change language to soften term "must", and physician to provider (especially since this article highlights an NP cardiologist) ... suggest "Ideally, providers treating patients on continuous inotropic support should have frequent and frank..."	Added: "will ideally"	Great point. Thank you.
11	15	Would also address how providers should ideally address cognitive dissonance... referral to cognitive behavioral therapy, psychologist or	Added: Having access to licensed clinical social workers, psychologists, or behavioral health specialists could 'could help patients cope and	We like this suggestion as it does make a better connection and step to move forward. Thank you.

		therapist? I feel like next steps are missing here. May be helpful to add at the end of sentence about frank conversations, that they may help to prevent cognitive dissonance.	manage cognitive dissonance."	
11	22	Unclear the intention implied for using the term "readiness" (i.e., to receive information, to accept prognostic information, etc)	Added: to consider end of life care.	Clarified, thank you.
11	47	Add "therapy" after inotrope... suggest "Sherry discussed having to wean patients like Patricia off inotrope therapy, without ..."	Added: "therapy"	Thank you!
12	5-6	Avoid using term "chemo" and replace with chemotherapy to avoid slang term	Added: "therapy"	Good suggestion!